

Annual Report
to the
General Assembly
of the State of North Carolina
on the
Intensive Family Preservation Services Program
for the 2001-2002 State Fiscal Year

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Executive Summary

This report presents data and findings on North Carolina's Intensive Family Preservation (IFPS) Program from State Fiscal Year 2001 – 2002 (SFY 2002), and on a five-year history of families served SFY 1998 through SFY 2002. The findings from the analyses of five-year trend data remain very positive, both in terms of achieving legislative intent, and in terms of achieving a variety of positive outcomes for families and children-at-risk of abuse or neglect in North Carolina.

During SFY 2002, 32 IFPS programs offered services in 49 counties, serving 658 families in which 1232 children were at imminent risk of being removed from the home. After IFPS services, 70 of those children (6%) were not living at home. This represents a placement prevention rate of 93% with respect to families, and 94% with respect to individual children. Changes in family functioning that enabled children and families to remain together safely included improvements in environmental factors, parental capabilities, family interactions, family safety and child well-being. SFY 2002 was the third year that the North Carolina Family Assessment Scale (NCFAS), Version 2.0, was used by IFPS programs. The NCFAS V2.0 data are discussed in detail elsewhere in this report.

During the past year, the number of minority children served by IFPS programs remained steady from last year at 47% of all imminent risk children served (34% African American and 13% other minority populations). The proportion of white children in the service population is at an all time low of 53%. This increase in service to minority children over the last two years is attributable to the expansion of IFPS programs in counties with a high percentage of minority children in the child welfare population.

Significant shifts have also occurred over the past two years with respect to referral source and primary issues affecting families. DSS referred families increased another 5% (to 75% overall) in SFY 2002. There has been an increase in the number of families presenting with the problem of neglect (61% in SFY 2002 compared to 48% in SFY 1998) and a decline in the number of families presenting with problems with school, delinquency or sexual abuse. The increase in DSS referred families and shift in primary issues affecting families is due to the change in eligibility criteria prior to SFY 2001.

IFPS programs continue to show stability with regard to the age and sex distribution of imminent risk children over the past 5 years. Further, IFPS programs continue to demonstrate a very high degree of success in preventing placements, averaging about 91% per year with respect to families, and 92% with respect to individual children.

Other important 5-year findings are that the IFPS program appears to have a significant effect on determining the level of service need for children who are ultimately placed in out-of-home care. Data indicate that children at risk of placement in correctional or psychiatric care at the time of intake often can be served in less costly, less restrictive alternative placements. Further, a small number of children at risk of placement into foster care have service needs identified that result in their receiving mental health services or more restrictive care.

Analyses of data from the North Carolina Family Assessment Scale reveal statistically significant relationships between “strengths” on several domains and placement prevention, and between “problems” on several domains and out-of-home placement. Further, the data indicate convincingly that IFPS interventions are capable of improving family functioning across all the measured domains, and that these improvements in family functioning are statistically significantly associated with placement prevention.

The findings from the client tracking study reveal that 77% of families (representing 82% of children) remained “intact” one year after IFPS, with 72% of imminent risk children living at home, and 10% living with a relative or with a family friend. The large majority of children (89%) were in “good to very good” general health, although one fifth (21%) were reported to have moderate emotional/mental health difficulties, and an additional one fifth (9%) were reported to have “poor to very poor” emotional/mental health during the previous year. However, about one half of the children accessed mental health services or other services and these reported difficulties did not result in family dissolution in the large majority of cases. Caretakers reported that there are still significant stressors in their families’ lives. However, they also reported that they are fairing quite well, particularly when compared to their circumstances at the time that they began IFPS services.

Results of the on-going retrospective study of the effectiveness of IFPS indicate that IFPS is effective, and becoming more effective as compared to prior years, in preventing or delaying out-of-home placement among the target population of high-risk families when compared to the same types of families receiving traditional child welfare services. Results also indicate that the higher the risk evident in families, the larger the difference is between IFPS and traditional services. Further, IFPS appears to be effective at mitigating placement differences between white and non-white populations.

Taken as a whole, the evaluation results for the Intensive Family Preservation Services program in North Carolina reveal that:

- ◆ IFPS is more effective than traditional child welfare services in preventing or delaying the out-of-home placement of children from high-risk families;
- ◆ there are significant shifts in family functioning that occur during IFPS that are associated with positive treatment outcomes;

- ◆ placement prevention rates have been very steady, ranging between 87-93% of families, and 89-94% of children each year since the program began;
- ◆ IFPS is a very cost effective program, and yields a very favorable cost/benefit ratio;
- ◆ benefits appear to accrue for families that have received the service (as measured by living arrangements of families, service utilization by families, and their apparent abilities to handle family stress).

Introduction

This is the ninth Annual Report on North Carolina's Intensive Family Preservation Services (IFPS) program that presents data and information about families and children that have participated in the program. It is the sixth annual report in which data from more than one year are presented, including five-year trend data on the service population and client tracking data that now spans more than six years. Information about the IFPS program's activities and performance relating specifically to SFY 2002 are also presented.

Data that are presented graphically or in tables represent the most interesting findings from the current year, or from past years. There are also sections on Family Functioning, based upon the use of the North Carolina Family Assessment Scale, and long-term client tracking data that indicate how well families manage after having participated in the IFPS program. Further, the retrospective study to examine the treatment effects of IFPS has been expanded this year to include data on placement outcomes for DSS referred children through March 2001.

Data from the IFPS statewide information system are presented that:

- ◆ examine this year's performance of the program,
- ◆ describe the historical trends of the program since its beginning,
- ◆ describe research and evaluation findings that help explain the program's data,
- ◆ examine the long term outcomes of families that have received the services, and
- ◆ discuss the cost effectiveness and cost/benefit of the program.

Review of Program Goals

The goal of North Carolina's Intensive Family Preservation Services Program is to prevent the unnecessary placement of children away from their families by providing intensive,

in-home services that result in long term improvements in parents' abilities to care for and protect their children.

The services provided by IFPS programs are intended to meet the following objectives:

- ◆ to stabilize the crisis that places the child at imminent risk of placement;
- ◆ to keep the child, family and community safe by reducing the potential for violence (physical, sexual, emotional/verbal);
- ◆ to keep the child safe from the consequences of neglect;
- ◆ to help families develop skills and resources needed to face and resolve future crises; and,
- ◆ to improve family functioning so that the family's quality of life is improved.

Program Design Includes:

- ◆ Targeting families with children at imminent risk of out of home placement;
- ◆ Time-limited services lasting not more than six weeks;
- ◆ Home-based services where at least half of the face-to-face contact occurs in the family's home or community;
- ◆ Focus on promoting family competence, building on the family's strengths;
- ◆ Culturally competent services demonstrating understanding and respect for cultural and ethnic diversity;
- ◆ Therapeutic and concrete services;
- ◆ Round the clock access to family preservation caseworkers;
- ◆ Caseloads no greater than four families at any given time, and
- ◆ Specially trained and supported family preservation caseworkers.

Placement Prevention as an Outcome Measure

Throughout the report, "placement prevention," or variations of the term, is one of several outcome measures used to discuss IFPS program success. Indeed, the definition of those eligible for IFPS (as expressed in the Division of Social Services' Policies and Procedures for the IFPS program) is: "...child(ren) at imminent risk of out-of-home placement into the social services,

mental health/developmental disabilities/substance abuse services, or juvenile justice system.”

The prevention of “unnecessary” placements into these systems is a central philosophical underpinning of IFPS. However, many of these placements have become “unnecessary” only because there are now services (IFPS) that provide an *alternative* to placement in foster care or institutional care.

Having established the desirability of preventing unnecessary placements, it must be recognized that not all placements are preventable, and sometimes placement is in the best interest of the child. Therefore, “*placement prevention*” is not an entirely satisfactory success statistic, and it must be viewed within the context of child safety and family functioning. Child safety is the primary concern of all IFPS programs, and family functioning comprises a variety of things (resources, supports, skills, etc.) that enable families to resolve crises and remain together, safely.

Review of Policies and Procedures on Eligibility and Imminent Risk

The policies and procedures for IFPS programs were revised during fiscal year 2001 and effective April 1, 2001. Eligibility guidelines for receipt of IFPS services were standardized. All IFPS programs funded through the appropriation in SL 1999-237 may only serve clients who have an open Child Protective Services case with the local Department of Social Services. Previously existing programs that receive funding from sources other than SL 1999-237 may continue to accept referrals from agencies other than DSS. The SL 1999-237 funded programs must also ensure that client families have an annual income that is no greater than 200% of the federal poverty level.

Policy revisions during fiscal year 2001 also standardized assessment criteria for determining

imminent risk. Objective criteria have been established to standardize the definition of imminent risk for each referral source. These criteria include:

DSS Referred Cases

- ◆ There has been a substantiation of abuse or neglect; and
- ◆ There is a rating of “High Risk” on the standardized risk assessment worksheet for at least one child who has been substantiated in the family.

Juvenile Justice Referred Cases

- ◆ There has been adjudication that the juvenile is delinquent or undisciplined, and the juvenile violates protective supervision or probation, or there are new charges; or
- ◆ The juvenile has been placed on Level 2 disposition by the court.

Mental Health Referred Cases

- ◆ A child may be considered “at imminent risk of out of home placement” when the child’s treatment team determines that if IFPS were not offered, the child would be referred to a residential or inpatient setting; and
- ◆ A child receives a total CAFAS score of 60 or above, or a subscore of 30 on either the parent/caregiver or the moods/self-harm domain.

Program Summary for SFY 2002

Number of Families, Caretakers and Children Served

During SFY 2002, 32 IFPS programs provided services to families in 49 counties throughout North Carolina. Table 1, below, presents a detailed table of the programs and counties served, as well as the number of families, imminent risk children, total children and caretakers served.

Table 1: Number of Families, Caretakers and Children Served by IFPS Programs During SFY 2002, Listed by Program and County

INTENSIVE FAMILY PRESERVATION PROGRAM	COUNTY SERVED	FAMILIES SERVED	CARE-TAKERS SERVED	IMMINENT RISK CHILDREN SERVED	ALL CHILDREN SERVED
Mountain Youth Resources	Cherokee	2	3	8	8
	Graham	10	16	11	21
	Macon	8	12	10	14
Blue Ridge Mental Health	Buncombe	23	35	28	44
Buncombe County DSS	Buncombe	45	73	88	93
Home Remedies-Bringing It All Back Home	Burke	9	13	23	27
	Caldwell	15	20	30	34
Foothills Mental Health	Alexander	10	19	13	22
	Burke	16	20	18	28
	Caldwell	5	9	5	11
Cleveland County DSS	Cleveland	21	33	36	46
Gaston County DSS	Gaston	27	42	50	57
Cabarrus County DSS	Cabarrus	21	30	35	52
Piedmont Behavioral Healthcare	Cabarrus	13	21	14	27
	Rowan	3	5	3	7
Centerpointe Mental Health	Forsyth	9	12	10	14
	Stokes	4	8	5	7

INTENSIVE FAMILY PRESERVATION PROGRAM	COUNTY SERVED	FAMILIES SERVED	CARE- TAKERS SERVED	IMMINENT RISK CHILDREN SERVED	ALL CHILDREN SERVED
Cumberland Mental Health	Cumberland	1	1	1	4
Methodist Home for Children	Alamance	1	3	1	1
	Brunswick	5	11	11	12
	Chatham	10	14	15	27
	New Hanover	11	23	20	27
	Pender	1	2	1	1
	Pitt	11	13	10	12
	Scotland	17	26	22	46
	Wake	12	14	14	20
	Wayne	16	26	27	42
Smoky Mountain Mental Health	Jackson	3	4	6	6
Choanoke Area Development Association	Halifax	20	26	31	42
	Northampton	4	4	5	5
Family Connections	Person	17	23	22	28
Catawba County DSS	Catawba	27	36	57	57
	Lincoln	1	1	1	1
Iredell County DSS	Iredell	18	31	49	50
Sandhills Mental Health	Richmond	15	22	25	42
Clay County DSS	Clay	1	2	1	4
<i>EXPANSION PROGRAMS</i>					
S. Region 2: BIABH	Rutherford	8	12	20	23
N. Region 3: Rainbow Center	Wilkes	11	16	26	29
S. Region 3: Youth Homes	Mecklenburg	32	46	89	98
N. Region 4: Exchange Club/SCAN	Forsyth	10	15	25	26
N. Region 4: Centerpointe MH	Forsyth	10	12	22	23

INTENSIVE FAMILY PRESERVATION PROGRAM	COUNTY SERVED	FAMILIES SERVED	CARE- TAKERS SERVED	IMMINENT RISK CHILDREN SERVED	ALL CHILDREN SERVED
S. Region 4: Piedmont Beh. Healthcare	Rowan	11	17	21	23
S. Region 5: Fam. Serv. of Piedmont	Guilford	22	35	39	48
S. Region 5: Youth Focus	Guilford	28	39	67	70
N. Region 7: Cumberland Co. MH	Cumberland	32	46	71	95
S. Region 7: Methodist Home	Robeson	18	28	39	46
S. Region 8: Methodist Home	Johnston	13	21	45	45
Region 9: Martin County Community Action	Bertie	2	3	2	2
	Chowan	1	2	3	3
	Currituck	2	4	4	4
	Hertford	2	4	4	5
	Martin	1	1	5	5
	Pasquotank	1	1	3	3
Region 10: Methodist Home	Beaufort	6	11	14	14
	Craven	2	3	2	4
	Dare	7	11	12	12
	Hyde	1	1	3	3
	Onslow	6	8	10	14
Totals		658	989	1232	1534

During SFY 2002, a total of 658 families received services that ended before July 1, 2002. There were 1,232 imminent risk children identified in these families, among a total of 1,534 children in the families; 989 caretakers were served directly by the programs.

Referral Information

Table 2 presents information collected at the time the case is referred to IFPS for service. The majority of referrals came from DSS (75%), followed by Mental Health (13%) and Juvenile

Justice (11%); all other sources, combined, accounted for about 1%. The average response time from referral to the first visit to the family by an IFPS worker was 1.61 days

Table 2: Referral Information for Families Served by IFPS Programs

Referral Information	Number	Percent
Referral Source		
DSS	495	75.2%
MH/DD/SAS	88	13.4%
Juvenile Justice	69	10.5%
Other	6	0.9%
Average Number of Days from Referral to First Home Visit	1.61	
DSS Referred Families with Substantiation of Abuse and/or Neglect	491	99.2%
Risk Assessment Rating for those with Substantiation		
Low	2	0.4%
Medium	58	11.8%
High	431	87.8%
Average Number of Days from Substantiation to IFPS Referral	99	

Eligibility criteria require that DSS referred cases have a substantiation of abuse and/or neglect, and that the family, or at least one imminent risk child in the family, have a “high” rating on the Family Risk Assessment Factor Worksheet completed by the DSS investigator. In SFY 2002, 99% of DSS referred cases were reported to have had a substantiation of abuse and/or neglect. The majority (88%) of these families had a “high” rating on the family risk assessment. The average length of time from the DSS substantiation of abuse and/or neglect to the referral for IFPS services was 99 days.

Family Information

Table 3 presents information collected about families at referral and intake. About 6% of families served in SFY 2002 had received IFPS previously. Lack of financial resources was indicated as causing significant family stress in 35% of families; these families did not have incomes sufficient to meet their basic needs.

Table 3: Family Information at Referral and Intake

Family Information	Number	Percent
Families that Previously Received IFPS	38	5.8%
Families Without Sufficient Income to Cover Basic Needs	233	35.4%
Top Issues Presenting the Family at Referral		
Family Conflict/Violence	409	62.2%
Neglect	403	61.2%
School Difficulty	289	43.9%
Other Drug Abuse	180	27.4%
Mental Illness	176	26.7%
Alcohol Abuse	166	25.2%
Physical Abuse	117	17.8%
Delinquency	111	16.9%
Sexual Abuse	91	13.8%
Emotional Abuse	88	13.4%
Average Number of Issues Indicated per Family	4.69	
Strengths Identified in 50% or More of Families at Intake		
Eager to keep family together	566	86.0%
Verbal	484	73.6%
Pleasant	402	61.1%
Caring	383	58.2%
Orderly/neat in home and person	371	56.4%
Responsive	362	55.0%
Receptive	349	53.0%
Protective	342	52.0%
Average Number of Strengths Identified per Family	10.16	

The major issues placing children at risk at the time of referral were: family conflict and violence; neglect; various types of abuse (physical, sexual, emotional); alcohol or other drug abuse by one or more family members; school difficulty; and delinquency. On average, 5 major issues were identified per family that placed children at imminent risk of placement. In spite of these issues, in the majority (86%) of families IFPS workers were able to identify at least one caretaker who was eager to keep the family together, and who displayed various strengths that were used as the foundation of the IFPS worker's intervention plan. Caseworkers were able to identify an average of 10 family strengths per family that would aid in the intervention plan.

Caretaker Demographics

In SFY 2002, 989 caretakers were living in the homes of the 658 families served by the IFPS programs. Table 4 presents demographic information for these caretakers.

Table 4: Demographics of Caretakers Living in the Home

Demographics of Caretakers Living in the Home	Number	Percent
Age		
Average Age	35.49	
Under 18	2	0.2%
18 – 24	132	13.4%
25 – 30	197	20.0%
31 – 40	391	39.8%
41 – 50	185	18.8%
51 – 60	55	5.6%
Over 60	21	2.1%
Gender		
Female	657	66.5%
Male	331	33.5%
Race		
White	636	64.4%
African American	289	29.3%
Other	62	6.3%
Working Full-Time	358	36.2%
Working Part-Time	112	11.3%
Unemployed	347	35.1%
Unemployed—Homemaker	83	8.4%
Unemployed—Disabled	76	7.7%
Educational Status		
Less than 10 th grade	108	12.1%
10 th – 12 th grade	263	29.6%
High school/GED	335	37.7%
Post college/college graduate	183	20.6%

The average age of the caretakers served by the program was 35 years old. One-third (34%) of the caretakers were 30 years old or less, one-quarter (27%) were over the age of 40, and the remaining 40% were between 31 and 40 years old. Two-thirds (67%) of caretakers living in the home were female. The majority of caretakers were white (64%), 29% were African American, and 6% were of other minority races. Only 36% of caretakers were employed in full-

time work and an almost equal percentage (35%) of caretakers were unemployed and in need of work. Two-fifths (42%) of all caretakers had less than a high school diploma.

Imminent Risk Child Demographics

In SFY 2002, 1,232 children were identified as being at imminent risk of out-of-home placement from among the 658 families served by the IFPS programs. Table 5 presents demographic information on the children at imminent risk of out-of-home placement.

Table 5: Demographics of Imminent Risk Children

Demographics of Imminent Risk Children	Number	Percent
Age		
Average Age	8.02	
0 – 5	439	35.8%
6 – 12	478	39.0%
13 – 15	241	19.7%
16 – 17	68	5.5%
Gender		
Female	592	48.1%
Male	640	51.9%
Race		
White	646	52.5%
African American	422	34.3%
Other	163	13.2%
Risk of System Placement		
Social Services	1050	85.2%
Mental Health	97	7.9%
Substance Abuse Services	1	0.1%
Juvenile Justice	78	6.3%
Developmental Disability	0	0.0%
Private Placement	6	0.5%

The average age of the imminent risk child was about 8 years old. Forty-eight percent of the imminent risk children were female and 52% were male. About 53% of the children were white and 34% were African American. Other minority children represented 13% of the imminent risk children served. (Refer to the “Five Year Trend Analysis” section for more information about the racial distribution of the IFPS population.) The large majority of children

(85%) were at risk of a Social Services placement. Another 8% were at-risk of a Mental Health placement, and 6% were at-risk of a Juvenile Justice placement.

The revised IFPS Policies and Procedures detail specific imminent risk criteria for each type of referral source. Table 6 presents summary information on the imminent risk criteria for children at imminent risk of out-of-home placement.

Table 6: Imminent Risk Criteria for Imminent Risk Children by Referral Source

Imminent Risk Criteria	Number	Percent
DSS Referred IR Children	1049	85.1%
Maltreatment Type		
Physical/Emotional/Sexual Abuse	78	7.5%
Neglect	957	91.9%
Delinquent	6	0.6%
Risk Assessment Rating		
Low	15	1.4%
Medium	109	10.4%
High	922	88.1%
Mental Health Referred IR Children	95	7.7%
Average CAFAS Score	79.26	
When CAFAS <60, which domain had sub-score of 30		
Parent/Caregiver	1	100%
Moods/Self-Harm	0	0.0%
Juvenile Justice Referred IR Children	78	6.3%
Type of Adjudication		
Undisciplined	20	26.0%
Delinquent	57	74.0%
If Delinquent, Most Serious Offense		
Violent	6	10.9%
Serious	25	45.5%
Minor	24	43.6%
Other Criteria (could mark more than 1)		
Violated Supervision/Probation	47	60.3%
New Charges Filed	25	32.1%
Placed on Level 2 Disposition	36	46.2%

From the data available in SFY 2002, the majority of imminent risk children (85%) were referred from a DSS referral source. Most (92%) DSS referred imminent risk children had neglect as the primary type of maltreatment substantiated. The majority (88%) of these children had a risk rating of “high.” Recall that the new Policies and Procedures requires that only 1 child

in a family be rated at “high” risk; other imminent risk children in the family could receive lower risk ratings, but the family would still be eligible for IFPS services. Mental health referred 8% of imminent risk children served. The average CAFAS score for these children was 79, and all but one child had a CAFAS score over the required minimum total score of 60. The remaining 6% of imminent risk children were referred for services from juvenile justice agencies. The majority (74%) of these children were adjudicated delinquent and the remaining 26% were adjudicated undisciplined. For those imminent risk children adjudicated delinquents, 11% committed a violent offense, 46% committed a serious offense, and 44% committed a minor offense. The majority (60%) of juvenile justice referred imminent risk children had violated supervision or probation, 1/3 (32%) had new charges filed against them and nearly half (46%) had been placed on level 2 disposition. These data indicate a high degree of compliance with the new IFPS eligibility criteria implemented in SFY 2001.

Service Delivery Information

Table 7 presents regularly collected service delivery information from the 658 families served in SFY 2002. Workers averaged almost 71 hours of service to each of the families during the typical 6-week service period. About 34 hours, on average, were spent in face-to-face contact with the family. About 12 hours were devoted to client-related travel, 11 hours to administrative tasks and record keeping, and about 18 hours to a combination of case management activities (including telephone contact, conversations with “collaterals,” supervision, court time, etc.).

Table 3 reported that 35% of families were experiencing financial hardship and did not have enough money to cover the basic needs of the family. In SFY 2002, IFPS programs provided monetary assistance totaling \$11,484 to 18% of all families served to alleviate

emergency crises and stabilize the living situation. This amount averaged \$97 per family receiving monetary assistance.

Table 7: Service Delivery Information

Service Delivery Information	Number	Percent
Average Number of Hours of:		
Face to Face Contact	33.74	
Telephone Contact	4.33	
Collateral Contact	6.42	
Client Related Travel	12.09	
Supervision	5.43	
Administrative/Record Keeping	11.26	
Miscellaneous Contact	1.71	
Average Number of Hours of All Case Related Activities	70.81	
Families in Need of Monetary Assistance	120	18.2%
Families Provided Monetary Assistance (of those who needed)	119	99.2%
Total Dollars Families Needed	\$12,771	
Total Dollars Families Provided	\$11,484	
Average Dollars Provided per Family in Need	\$97	

Closure Information

Table 8 presents information collected about families served at the time of case closure. The average IFPS case lasted an average of 39.39 days (5.6 weeks). The majority of cases (82%) were closed successfully when services were completed. Another 12% of cases were closed after the family moved, the child moved to live with a relative or family friend (still considered a “home” placement), the family withdrew, or the family was consistently uncooperative. Only a small percentage of cases (4%) were closed due to child placement or the risk to the child was too high and placement was imminent. A total of 43 families (7%) experienced the placement of the imminent risk child or children. In the judgement of IFPS workers, sufficient progress was made during the IFPS intervention to permit the children to remain at home in 93% of the families. However, 85% of families were referred to other services

at the time IFPS services ended to continue to work on issues after the precipitating crisis was stabilized and risks to the child(ren) sufficiently reduced.

Table 8: Case Closure Information

Case Closure Information	Number	Percent
Average Number of Days from Referral to Closure	39.39	
Reason Case was Closed		
Child Placed	24	3.6%
Risk to Children Too High	5	0.8%
Child Moved (to live with relative/family friend)	10	1.5%
Family Moved/Left Jurisdiction	6	0.9%
Family Withdrew/Consistently Uncooperative	64	9.7%
Services Completed/Service Period Ended	536	81.5%
Other Reason	13	2.0%
Imminent Risk Child Living Situation at Closure		
Home	1079	87.6%
Relative	76	6.2%
Family Friend	7	0.6%
Social Services	47	3.8%
Mental Health	6	0.5%
Juvenile Justice	6	0.5%
Private Placement	5	0.4%
Other Placement	6	0.5%
Imminent Risk Children Experiencing an Out-of-Home Placement at Closure	70	5.7%
Families Experiencing an Out-of-Home Placement of 1+ Imminent Risk Child(ren)	43	6.5%
Families Referred for Other Services at Closure	559	85.0%

Families Not Accepted/Appropriate for IFPS

Each year many families are referred for IFPS but not served. Reporting those data to the state is optional; therefore, this information is likely an underestimate of the total number of families that were referred for IFPS. Table 9 presents summary information about these families.

In SFY 2002, at least 281 families and 543 imminent risk children were referred for IFPS and not served. The majority of referrals (79%) came from county Department of Social Services. Eleven percent of these families were denied services because caseloads were full, and 21% were not served because the family did not meet the referral system eligibility criteria.

Twenty-nine percent of families were not willing to participate in services. Three-fifths (61%) of

families that did not receive services were White, 30% were African American, and 9% were other minorities.

Table 9: Families Not Accepted/Appropriate for IFPS

Families Not Accepted/Appropriate for IFPS	Number	Percent
Number of Families Referred, but Not Served	281	
Reason Families Not Accepted/Appropriate for IFPS		
Caseloads Full	30	10.8%
Unable to Locate within 48 Hours	33	11.8%
Risk too High	21	7.5%
Did Not Meet Referral System Eligibility Criteria	58	20.8%
Family Not Willing to Participate	81	29.0%
Other Reason	56	20.1%
Agency from Which Family Was Referred		
DSS	219	79.3%
Mental Health	22	8.0%
Juvenile Justice	23	8.3%
Other Source	12	4.3%
Total Number of Imminent Risk Children Referred and Not Served	543	
Average Number of Imminent Risk Children per Family Referred and Not Served	1.96	
Family Race		
White	164	60.5%
African American	82	30.3%
Other	25	9.2%

Five Year Trend Analysis

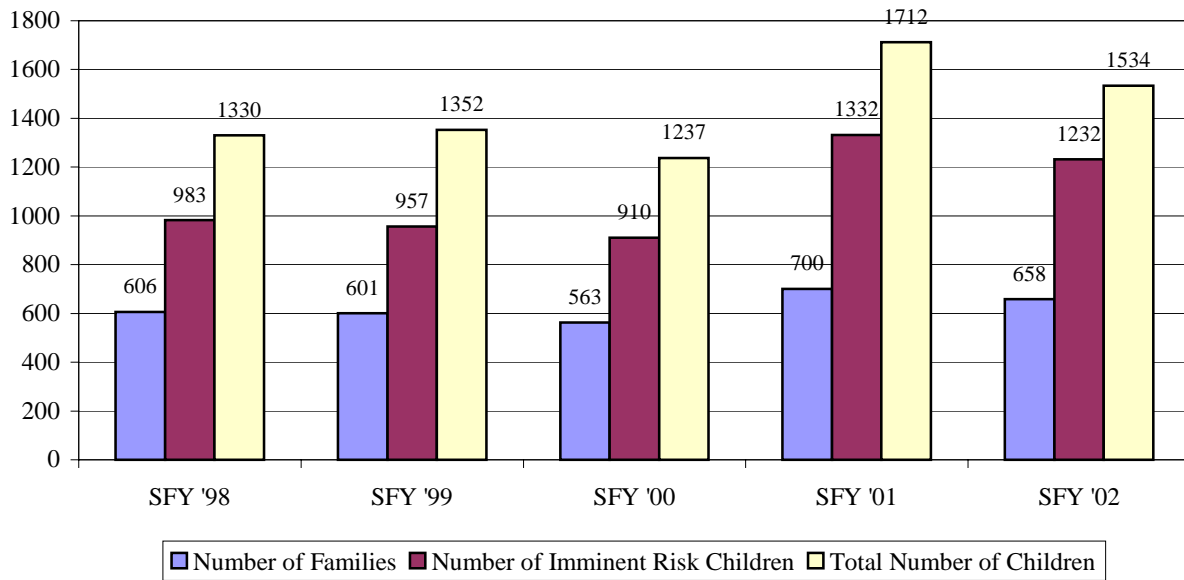
Since the enactment of Senate Bill 141 of the Family Preservation Act of 1991, North Carolina's IFPS providers have served more than 6000 families. The automated IFPS case record and management information system was implemented in January 1994, and contains detailed information on 5916 families. This large database provides highly reliable estimates of program trends since the system has been operating at "full capacity" for 8.5 years. Findings in this section, unless specifically noted otherwise, relate to the total population of families served in the last five years, SFY 1998 through SFY 2002.

Five-year trend analyses of a number of variables indicate a high degree of stability, and therefore predictability, in a number of areas of interest to IFPS programs, policy executives and the legislature. These analyses also present positive changes to the program where administrative attention has focused on program development.

Number of Families, Caretakers and Children Served

The number of programs offering IFPS services increased significantly in SFY 2001 when IFPS programs were expanded to reach new areas of the state. In the 3 years prior to SFY 2001, the number of programs offering IFPS services varied only slightly (22 programs serving between 34 and 38 counties). Currently there are 32 IFPS programs operating and providing services to families in 49 counties throughout the state. Figure 1, next page, presents the number of families, imminent risk children, and total children served annually by IFPS programs. The program has served an average of 626 families per year (from a low of 563 families in SFY 2000 to a high of 700 families in SFY 2001). The number of imminent risk children served in these families averages 1,083 per year among an average of 1,433 total children served annually.

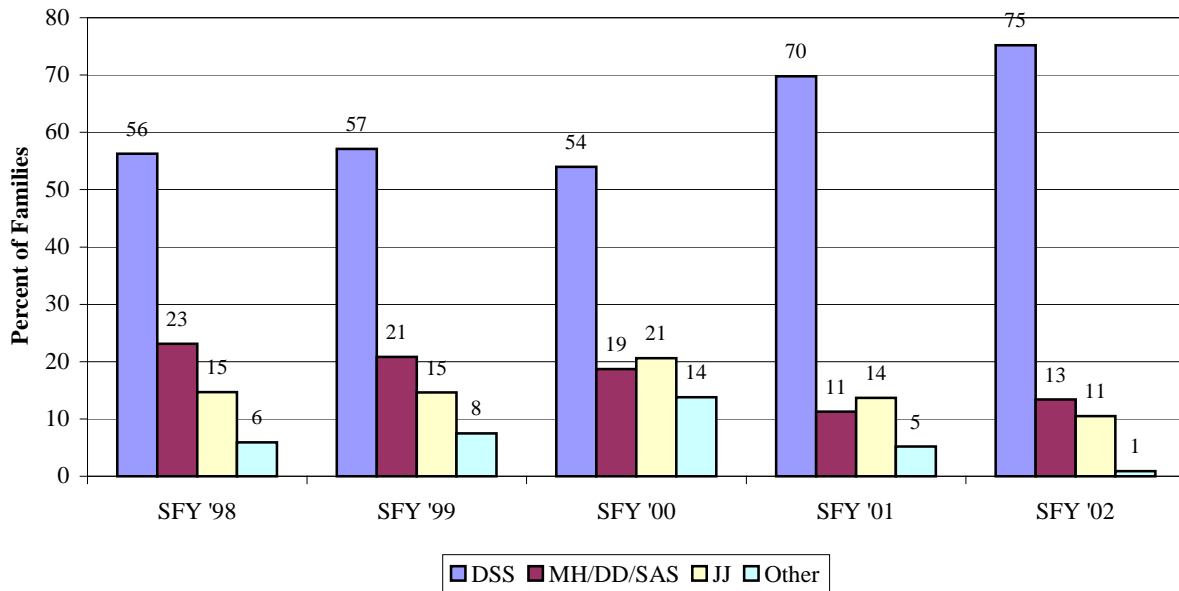
Figure 1. Number of Families, Imminent Risk Children and Total Children Served by IFPS Programs



Referral Source

Prior to SFY 2001, the sources of referral remained quite constant: between 54% and 57% have come from DSS, 19% to 23% from MH/DD/SAS, 15% to 21% from Juvenile Justice, and only 6% to 14% from all other sources (see Figure 2, next page). In SFY 2001 DSS referrals increased to 70% as a result of most expansion programs serving families from DSS referral sources only. The percentage of referrals coming from DSS sources increased again in SFY 2002 to 75% of all families served. The decline in referrals from MH/DD/SAS and Juvenile Justice can be attributed to the majority of expansion programs being funded to serve children referred from DSS sources.

Figure 2. Percent of Families Served by IFPS Referral Source



Age and Gender of Imminent Risk Children

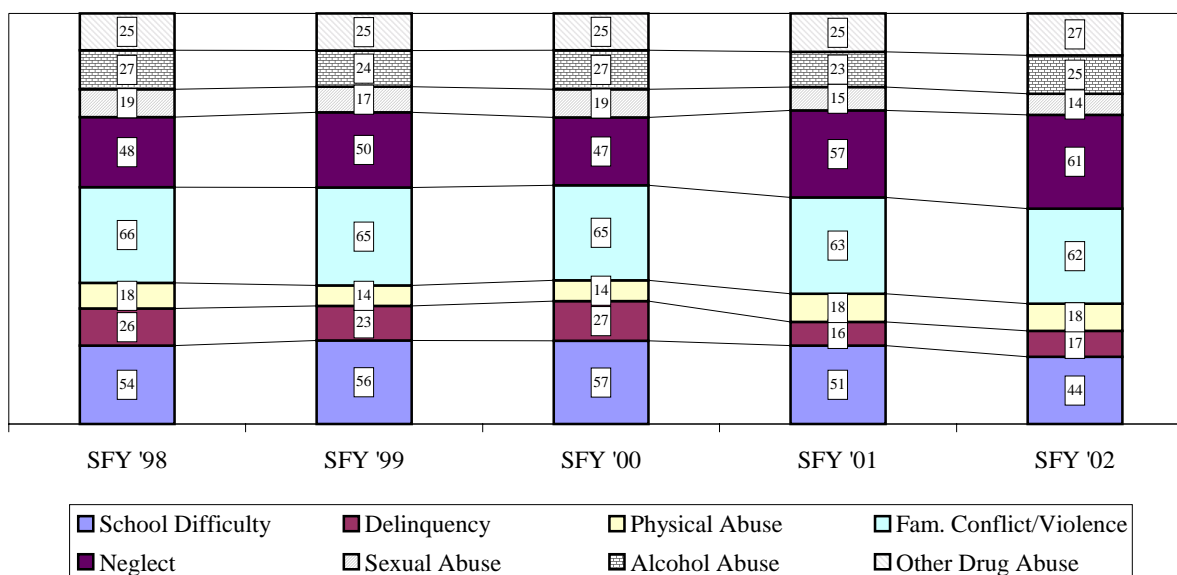
The distribution of ages of imminent risk children has remained stable throughout the last five years: 28% to 36% have been 0-5 years of age, 38% to 45% have been 6-12 years of age, 20% to 24% have been 13-15 years of age, and 4% to 6% have been 16+ years of age. The gender of imminent risk children has been 44% to 49% female, and 51% to 56% male.

Primary Issues Affecting Families at Referral

Figure 3 presents data on the types of problems affecting families. (Note that each section of a bar represents the percent of families experiencing a particular problem, and that families may experience multiple problems. Therefore, the bars do not add to 100%, but represent the cumulative percentages of families experiencing that problem in a given year). The types of problems affecting families remained quite consistent through SFY 2000. In SFY 2001 new eligibility criteria and imminent risk definitions were implemented, along with a significant

expansion of IFPS programs serving DSS referred children that have shifted the proportion of families experiencing issues in the major problem areas. The major problem areas involve school difficulty, delinquency, family violence, neglect, substance abuse and various types of abuse.

Figure 3. Primary Issues Affecting Families at Referral: Percent of Families Experiencing Issue



The proportion of families experiencing problems of physical abuse, family conflict or violence, and substance abuse have remained fairly constant. However, significant declines can be noted in the proportion of families presenting with problems with school, delinquency or sexual abuse. There has been a marked increase in the proportion of families presenting with the problem of neglect. These shifts can be accounted for in the increase of families served from DSS referral sources as well as an increase in the number of families receiving “high” ratings on the family risk assessment.

Monetary Assistance

Lack of financial resources is a major stressor for IFPS families. This variable is not rated on the area of the case record that contributes to the “problem areas” presented in Figure 3, so these data are not part of that Figure. However, IFPS workers identify about 1/3 (between 31% and 38%) of IFPS families annually as “being without sufficient incomes to meet their basic needs.”

Figure 4. Percent of Families Needing and Receiving Monetary Assistance from IFPS

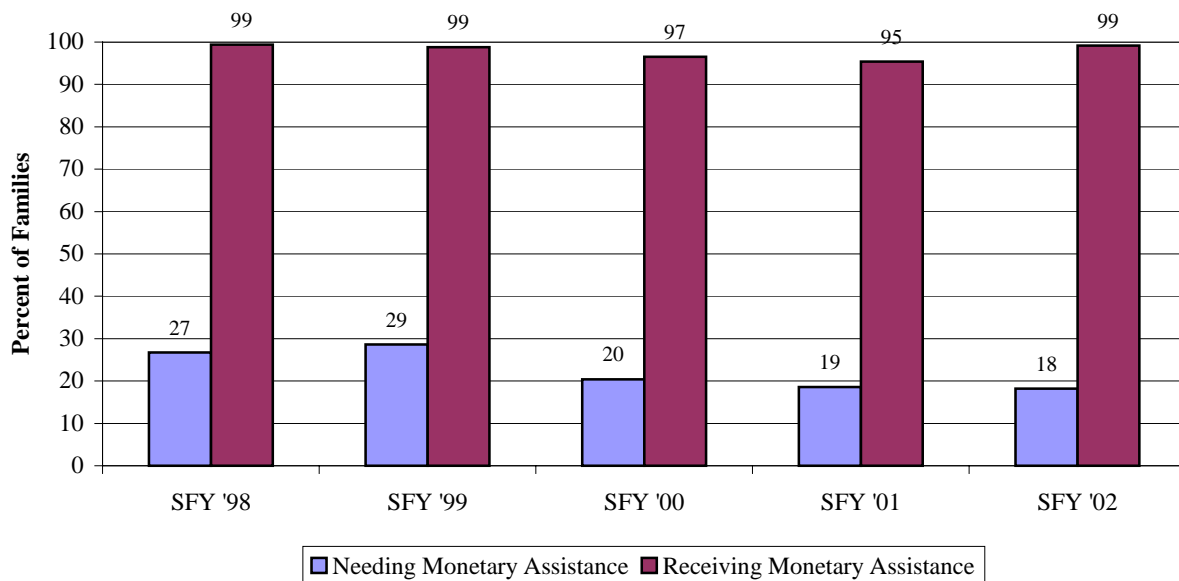
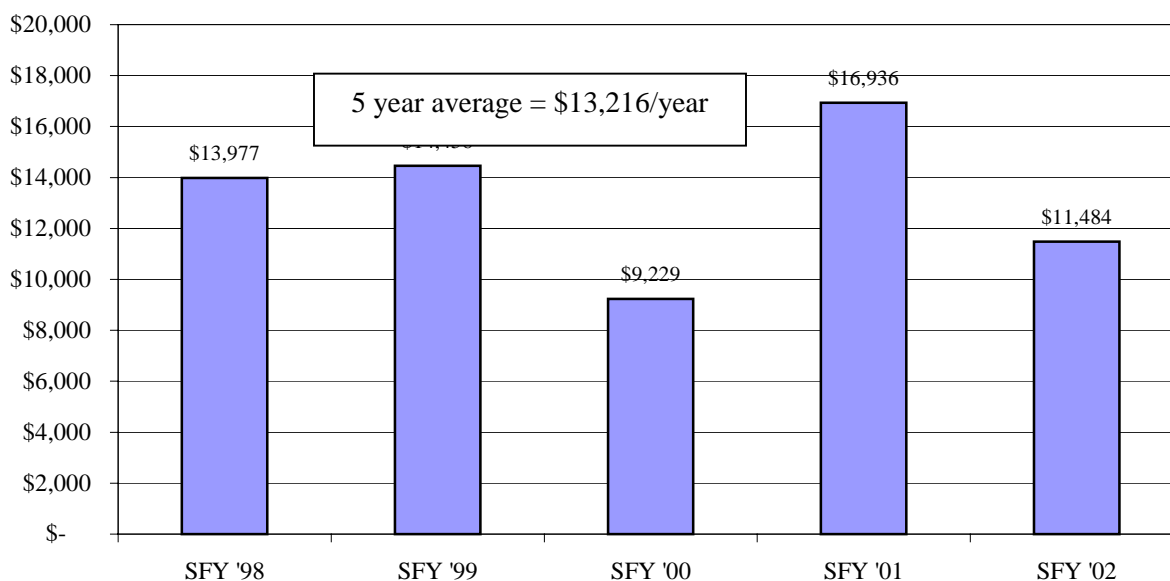


Figure 4 illustrates that the number of families identified as needing monetary assistance has declined each year since SFY 1999, from 29% to 18% (not all families with insufficient incomes are so identified). The percent of families receiving assistance (of those who needed assistance) has remained constant, however, at 95% to 99% per year.

The provision of monetary resources to these families is an area that has fluctuated greatly over the past five years. Figure 5 illustrates these changes. The amount of money

devoted to providing monetary assistance to families in need by IFPS programs was at a high of \$16,936 in SFY 2001 and at a low of \$9,229 in SFY 2000. The reasons for these fluctuations from year to year are not known. The five-year average of total dollars provided to families in need is \$13,216 per year.

Figure 5. Total Dollars Provided as Monetary Assistance to Needy IFPS Families

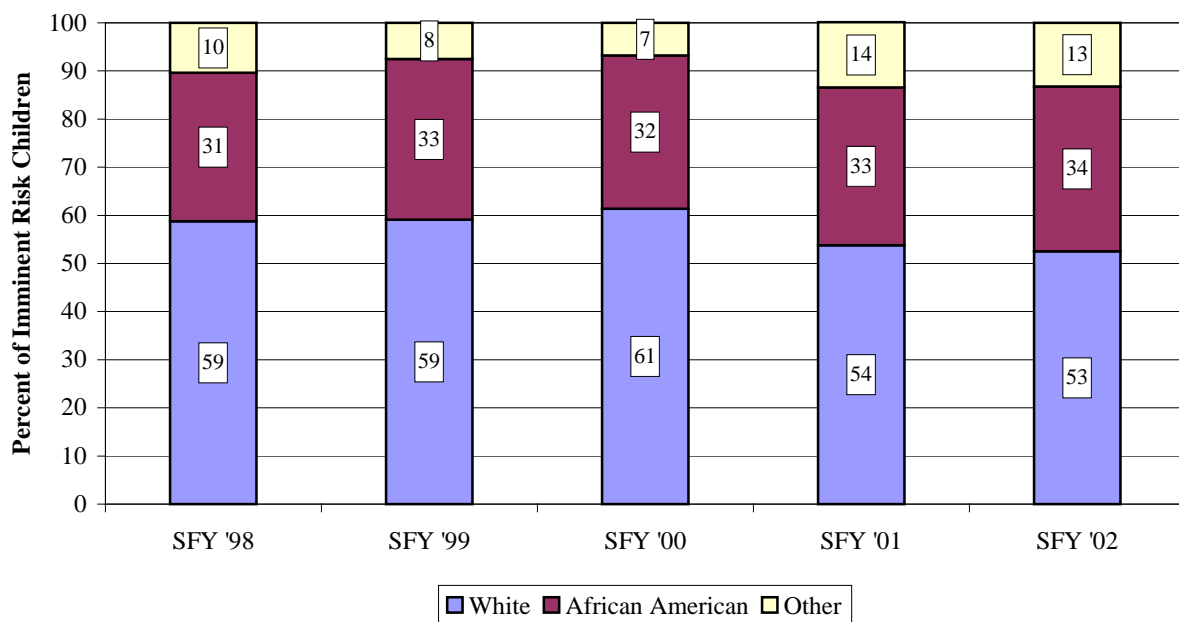


The fact that monetary assistance is available to IFPS families does *not* imply that IFPS is an alternative “welfare” type program. On the contrary, of the 685 families (SFY 1998 through SFY 2002) that have received monetary assistance as part of their IFPS service plan received an average of \$96.47. Rather than resembling a welfare payment, these small amounts of money are a deliberate and focused attempt to alleviate a particular family stressor (e.g., repair of a car or needed appliance, restoration of electricity or telephone service to the home, provide a social or recreational activity intended to enhance family relations).

Race of Imminent Risk Children

The race of children served by IFPS providers is a variable where substantial changes have occurred since the automated IFPS case record and management information system was implemented in January 1994. Figure 6 illustrates an interesting pattern for African American and other minority children served by the IFPS program over the past five years.

Figure 6. Race of Imminent Risk Children in Families Receiving IFPS



Since SFY 1997 (not shown), when the proportion of African American children served increased to 34% (from 25% the previous year), variations in the racial distribution of children served had been small. However, since SFY 2001 there has been a significant increase in the percentage of other minority children served by IFPS programs. This change is accounted for by a statistically significant decrease in the percent of White children served to an all time low of

53%, while the percentage of African American children served has remained fairly constant (varying from 31% to 34% over the past five years).

Expansion funds were given to DSS during SFY 2001 to expand IFPS throughout North Carolina. The Division focused on expanding IFPS in areas of the state with the highest placement rates. Historically, minority children have been over-represented in the child welfare population. Thus, if successful, the expansion strategy should have resulted in the delivery of IFPS services to larger segments of the minority populations. Data suggest that this strategy was successful. The large majority of children served through IFPS in expansion counties during SFY 2001 and 2002 were minority, including 50% (SFY 2001) and 49% (SFY 2002) African American and 15% (SFY 2001) and 16% (SFY 2002) other minority children.

Placement of Imminent Risk Children

Another important finding emerged in the trend analysis that relates broadly to the entire child welfare system: even if children are placed out of home at the end of IFPS services, the program data reveal a statistically significant shift in the level of care needed by those children. Presented in Table 10, these data show that just over one half of the children at risk of placement into Mental Health/Developmental Disabilities/Substance Abuse Services or Juvenile Justice facilities at referral, and who are ultimately placed out of home, are placed in those types of facilities (60% and 53% respectively). About one quarter (26%) of those children “placed” who were originally at risk of MH/DD/SAS placement were able to be placed in foster care. Five percent of children at risk of Juvenile Justice placement were served in foster care, and an additional 22% at risk of Juvenile Justice placement were placed, instead, in MH/DD/SAS facilities, presumably because they were found to need these services rather than incarceration. On the other hand, about 78% of the children who were originally at risk of placement into foster

care, and who were placed, were placed in that system. A small number (5%) of these children were found during IFPS to need MH/DD/SAS services, and an even smaller number (1%) were found to need more restrictive Juvenile Justice placement. These differences in placement outcomes, when compared to risk of placement at referral, are highly statistically significant (Chi Square = 342.407; df = 12; p<.001).

Table 10. Risk of System Placement of Imminent Risk Children at Referral Compared to Living Arrangement After IFPS, For Children Who Were Placed in Out-Of-Home Care, SFY 1998 through SFY 2002

Living Arrangement After IFPS	Risk of System Placement at Referral				
Count Column %	Social Services	Mental Health	Juvenile Justice	Private Placement	Row Total
Social Services	214 77.5%	15 26.3%	3 5.2%	0 0%	232 58.3%
Mental Health	15 5.4%	34 59.6%	13 22.4%	2 28.6%	64 16.1%
Juvenile Justice	4 1.4%	3 5.3%	31 53.4%	0 0%	38 9.5%
Private Placement	13 4.7%	1 1.8%	4 6.9%	5 71.4%	23 5.8%
Other Placement	30 10.9%	4 7.0%	7 12.1%	0 0%	41 10.3%
Column Total Row %	276 69.3%	57 14.3%	58 14.6%	7 1.8%	398 100%

Family Functioning: North Carolina Family Assessment Scale

During the spring of SFY 1994-95, the North Carolina Family Assessment Scale (NCFAS) was implemented as a formal part of the IFPS case process and record keeping system. The NCFAS was developed by staff at the Jordan Institute for Families in cooperation with a working group of North Carolina IFPS providers, and is based on a compilation of several assessment instruments used in North Carolina, Michigan, California, and elsewhere.

The development and implementation of the NCFAS has been discussed in previous reports. The report for SFY 1999 discussed the validation study conducted in 1997 and 1998, and the revisions to the NCFAS that resulted in Version 2.0. The complete reliability and validity study has also been published in the professional literature (Research on Social Work Practice, Volume 11, Number 4, July 2001, pages 503-520). The NCFAS V2.0 was implemented statewide on July 1, 1999, and data are now available for 3 full years of service delivery. Therefore, findings in this section relate to the total population of families served in the last three years, SFY 2000, SFY 2001 and SFY 2002.

The NCFAS provides information on family functioning in a variety of areas relevant to the typical IFPS family, and provides pre-service and post-service information in order to measure change that occurs during the IFPS service period. Changes in family functioning that occur during this period are related to stressors impacting families, which in turn, impact their ability to remain united at the end of the service period.

The NCFAS examines five broad areas of interest and a number of more specific sub-areas. The broad areas, referred to as domains, include: Environment, Parental Capabilities, Family Interactions, Family Safety, and Child Well-Being. Each of these domains comprises a series of sub-scales. For example, the domain of Environment includes sub-scales on housing

stability, safety in the community, habitability of housing, income/employment, financial management capability, adequacy of food and nutrition, personal hygiene, availability of transportation, and the “learning” environment.

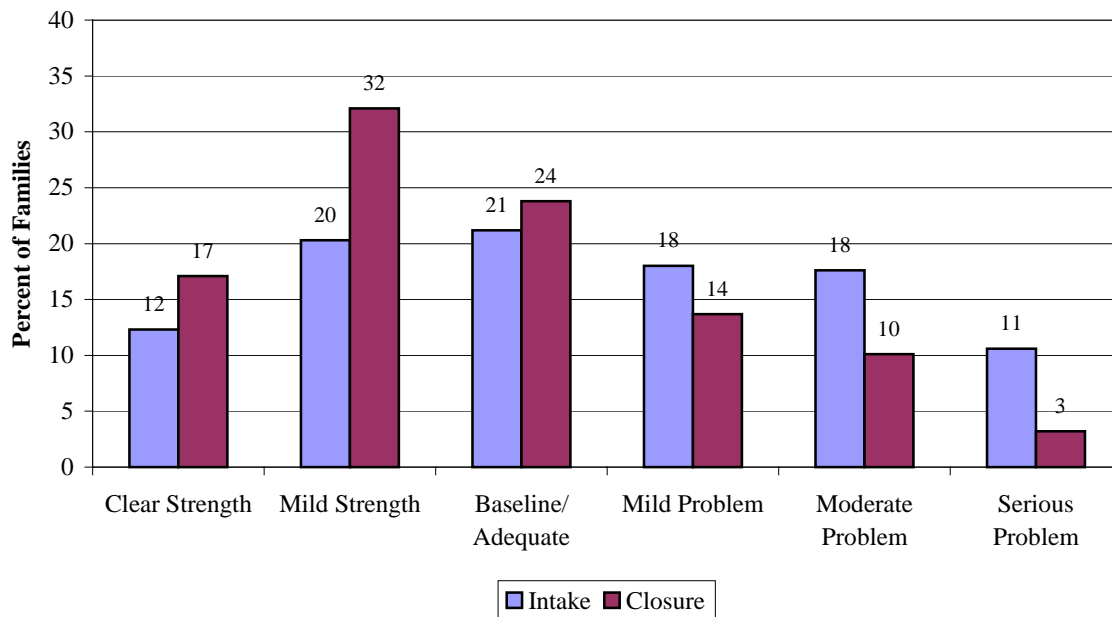
Assessments are made by IFPS workers at the beginning of the service period and again at the conclusion of service. The data of interest include both the absolute ratings at intake and closure and the change scores derived between the two assessment periods. For example, if a family received a rating of “-2” on the Environment domain at the beginning of service and received a “+1” at the end of service, the change score is +3, indicating movement of three scale increments in the positive direction. The change score is derived independently from the actual position of the scores on the scale; that is, a change from “0” to “+2” is considered to be of the same magnitude as a change from “-3” to “-1”, or +2 in both cases. This strategy is deliberate in that the change scores may indicate a meaningful change in the status of the family, or of the trajectory of the family (i.e., deterioration to improvement), while at the same time acknowledging that not all problems can be resolved completely during a brief intervention.

Figures 7 through 11 present the aggregate intake and closure ratings for the 5 domains on the NCFAS V2.0. The findings from the NCFAS 2.0 obtained in SFY 2000, SFY 2001 and SFY 2002 are quite consistent with expectations, based on the results of the reliability and validity study.

Beginning with Figure 7, next page, it can be seen that the majority of families do not enter services with problem ratings in the area of Environment. Fifty-three percent of families are rated as being at “Baseline/Adequate or above” at intake. At closure, three quarters (73%) of families are “Baseline/Adequate or above.” Families not rated as having environmental issues to resolve at intake also are not likely to have case plans focusing on those issues. However, there

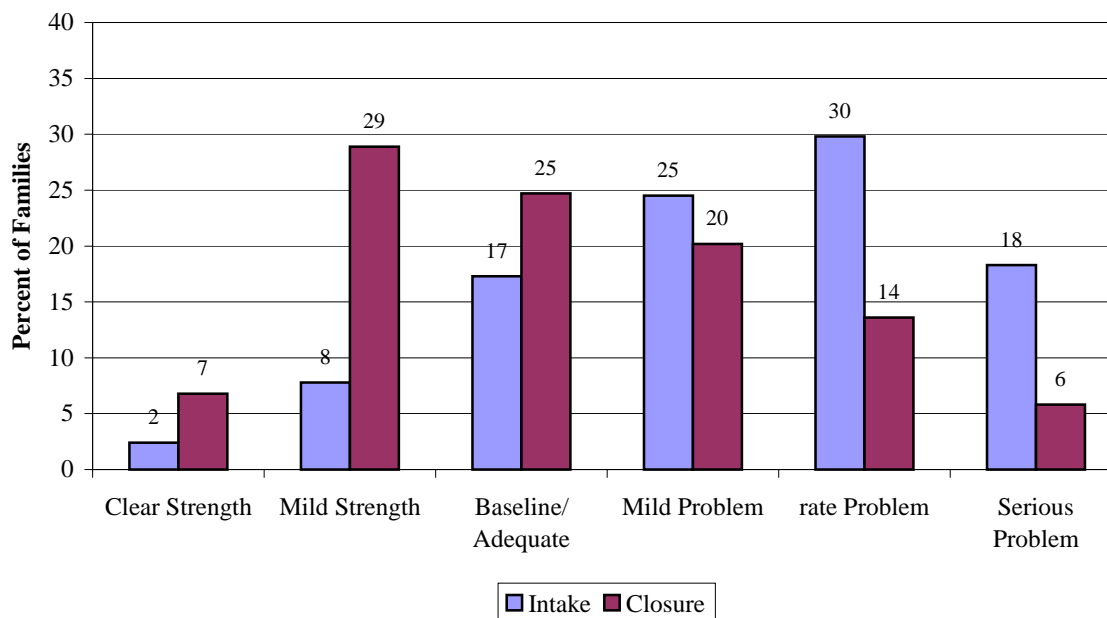
was substantial movement of the aggregate data towards the positive end of the scale: the proportion of families rated as having serious environmental problems was reduced from 11% to 3%, and those rated as having moderate problems were reduced from 18% to 10%.

Figure 7. Environment Ratings at Intake and Closure (N=1924)



The Parental Capabilities domain on NCFAS V2.0 is closely related to the former “Parent/Caregiver Characteristics” domain on the earlier versions of the NCFAS, but focuses more specifically on skills. Like its predecessor, it reflected a pattern of marked change in families as a result of receiving IFPS services. These data are presented in Figure 8, next page. At Intake, 73% of families are rated in the “problem” range, with nearly half of families (48%) rated in the “Moderate to Serious” range. After services, three fifths (61%) are rated as “Baseline/Adequate or above.”

Figure 8. Parental Capabilities Ratings at Intake and Closure (N=1924)



The Family Interactions domain is largely unchanged from the previous NCFAS version, and the domains' detection of change in this area remains strong. Fully 66% of families are rated in the “problem” range at intake on their interaction patterns and behavior, but only 37% are still rated in the “problem” range at closure. These data are presented in Figure 9, next page.

The domain of Family Safety was added to the NCFAS following factor analysis of NCFAS data from previous years. The issue of assessing family safety is very important, as child safety is the chief concern in IFPS interventions, and is also paramount in making the “placement/no placement” recommendation at the end of service. The data gathered on the families served in SFY 2000, SFY 2001 and SFY 2002 relating to this domain show shifts in Family Safety similar to shifts observed in Family Interactions and Parental Capabilities. These data are presented in Figure 10, next page.

Figure 9. Family Interactions Ratings at Intake and Closure (N=1924)

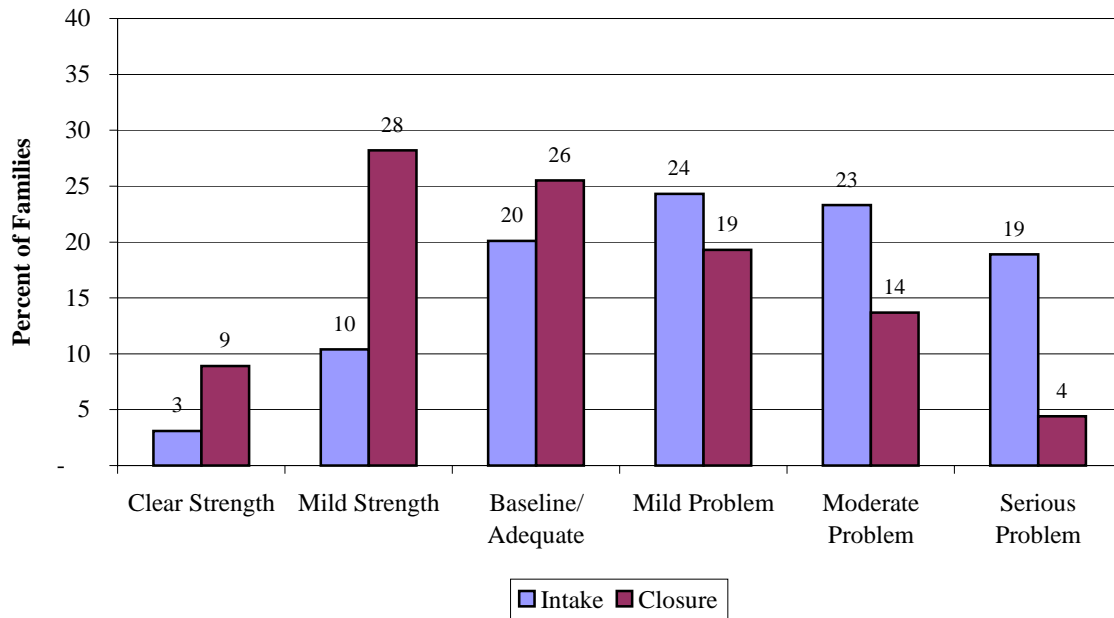
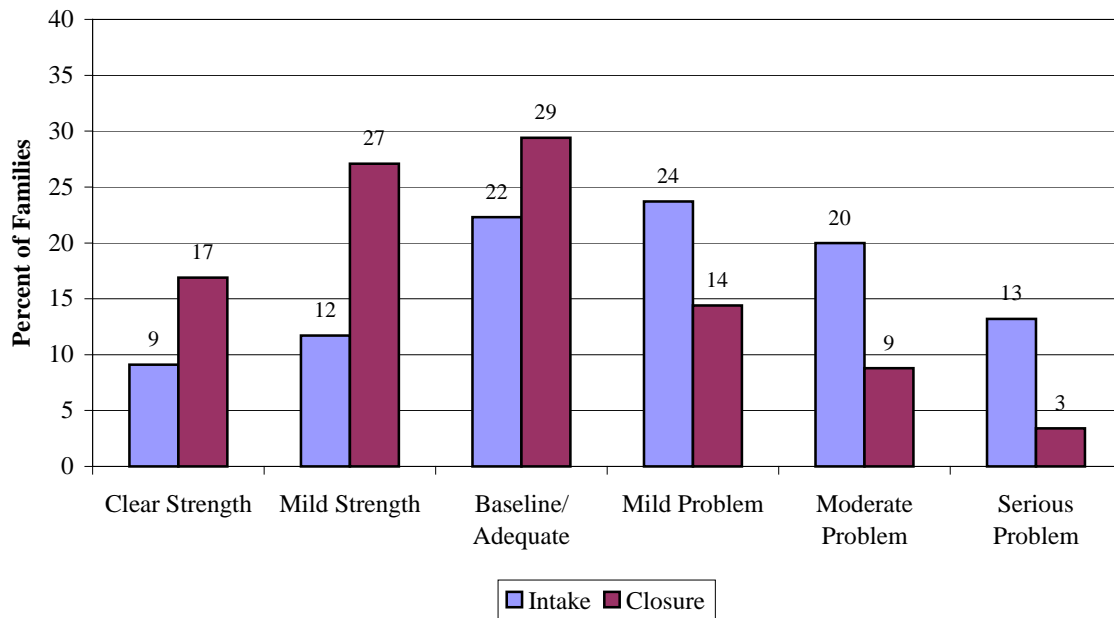


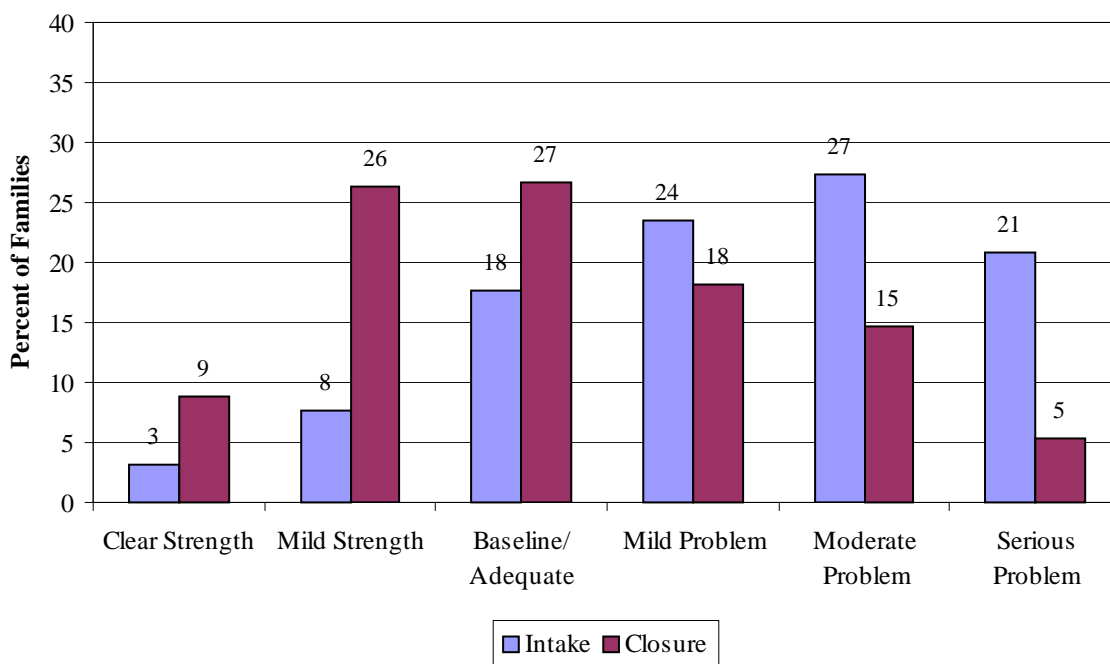
Figure 10. Family Safety Ratings at Intake and Closure (N=1924)



A slight majority of families (57%) are rated in the “problem” range at intake; this proportion is reduced to a quarter (26%) at the time of case closure.

The final domain of assessment on the NCFAS is Child Well-Being. This domain on Version 2.0 is only slightly changed from previous versions of the NCFAS. These data are presented in Figure 11, below.

Figure 11. Child Well-Being Ratings at Intake and Closure (N=1924)



The assessed changes in Child Well-Being are large, and are consistent with previous assessment efforts on this domain. The large majority (72%) of families are rated as having problems in this area at the beginning of service. In fact, almost half of families (48%) are rated as having a “Moderate to Serious” problem. This is not altogether surprising since Child Well-Being issues, along with Family Safety Issues are likely to be the issues that bring the family to

the attention of the referring agency in the first place. However, at the close of services, about three fifths (62%) of families are at “Baseline/Adequate or above,” and about one third (35%) are rated in the “strengths” range.

Taken as a whole, the ratings on the NCFAS domains reflect the capacity of the IFPS programs to influence parental skills, safety, interaction patterns and behavior, and child well-being to a substantial degree. Changes on environmental factors, while evident, are less dramatic. This is due, at least in part, to the lower level of need recorded on this domain. These findings, coupled with the low placement rates in the treatment population, contribute to the concurrent validity of the NCFAS V2.

The aggregate data presented in the preceding figures indicate the “population” shifts following receipt of IFPS services, but do not indicate the degree of change in individual families. To examine individual family change requires the analysis of the change scores derived on each domain for each family in the cohort. The specific changes that occurred on each of the domains for the 1,924 families served during the last two years are presented in Table 11, below.

Table 11. Level of Change Experienced by Families on Each Domain of the North Carolina Family Assessment Scale During IFPS

Domain	Level of Change Per Family (Percent of Families) N=1260				
	-1 or more	0 (no change)	+1	+2	+3 or more
Environment	4.0%	51.8%	28.3%	10.2%	5.7%
Parental Capabilities	3.6%	28.5%	39.8%	18.2%	10.0%
Family Interactions	4.0%	33.9%	36.4%	16.0%	9.7%
Family Safety	3.6%	39.3%	31.7%	15.9%	9.6%
Child Well-Being	3.3%	32.7%	34.0%	17.8%	12.4%

These same data are presented graphically in Figure 12, next page. It can be seen in the graph that about half of families (52%) do not change on the domain of Environment, but that

approximately 1/2 to 2/3 of all families improve on the remaining domains: Parental Capabilities, Family Interactions, Family Safety and Child Well-Being. Most of the improvement recorded is incremental (+1 or +2 scale intervals), although 6%-12% of all families improved 3 or more scale intervals. Because the NCFAS employs a 6-point scale, ranging from “serious problem” to “clear strength”, a 3-point shift during a brief intervention is very large. Note also that a few families (3%-4%, depending on the domain) deteriorate during IFPS services. Deterioration on any domain significantly increases the likelihood of placement at the end of service.

Figure 12. Level of Change Experienced by Families on NCFAS Domain Scores (N=1924)

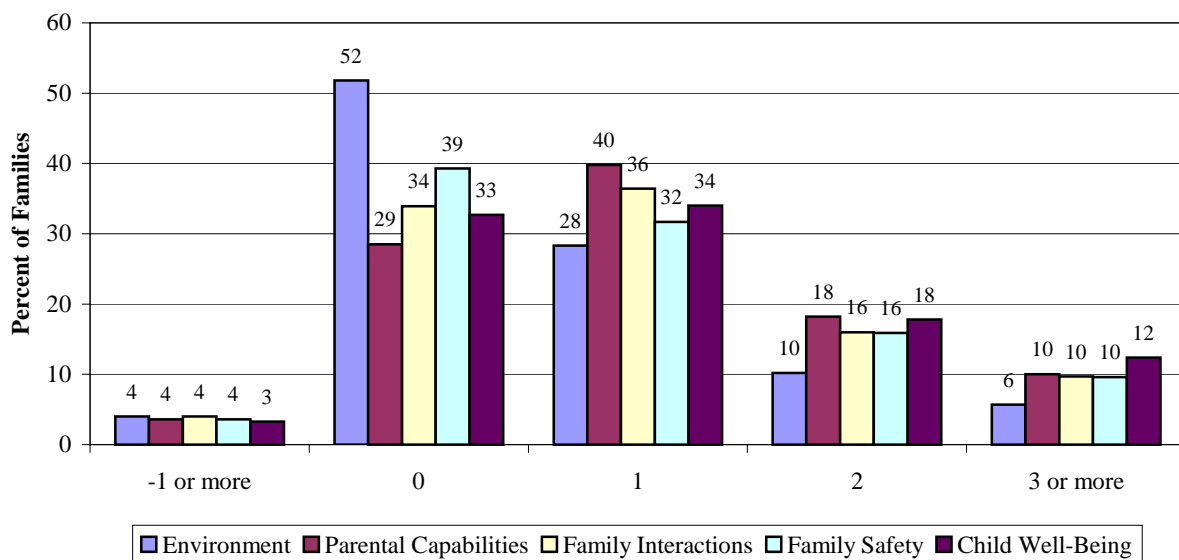
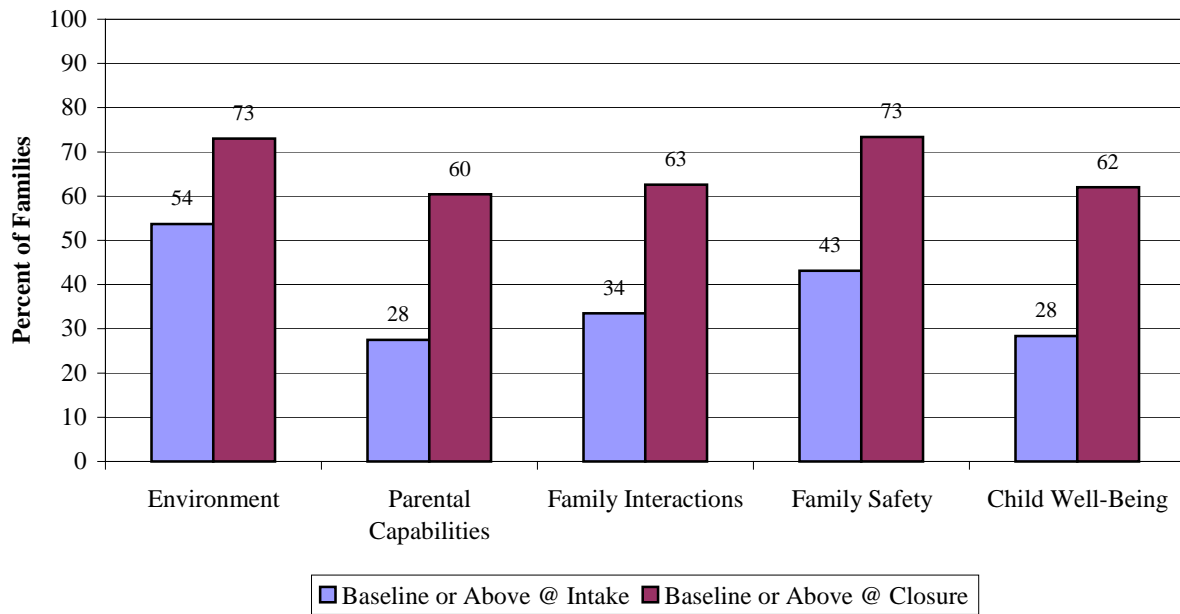


Figure 13 shows the percent of families rated at “Baseline/Adequate or above” at intake and closure. Each “intake/closure” comparison indicates substantial positive change in the population of families served, although approximately one quarter to two fifths of families remain below baseline (i.e., in the problem range of ratings) on one or more domain at the time of case closure.

Figure 13. Overall Change on the NCFAS (N=1924)



Compelling changes in domain score ratings are noted on all five domains. While the movement that families experience on the NCFAS ratings during IFPS services is interesting in its own right, it is more meaningful when the changes in the scale scores are related to other treatment outcomes. Of particular interest is the relationship between NCFAS scores and placement prevention of imminent risk children.

When the closure scores on the NCFAS are cross tabulated with placement *a positive, statistically significant relationship is observed between strengths and the absence of placement, and between problems and out-of-home placement* on all domains. On each of the domains, families in the “baseline/adequate to strengths” range at IFPS service closure are statistically over represented among families that remain intact. Similarly, at the end of service, families in the problem ranges at IFPS service closure are statistically over represented in families where an out-of-home placement of an imminent risk child occurred during or after IFPS service. The strength

of these relationships is quite compelling. For the 1924 families served during SFY 2000, 2001 and 2002, the results are:

- for Environment: Chi Square = 85.821, df = 5, $p < .001$;
- for Parental Capabilities: Chi Square = 127.944, df = 5, $p < .001$;
- for Family Interactions: Chi Square = 137.667, df = 5, $p < .001$;
- for Family Safety: Chi Square = 159.372, df = 5, $p < .001$; and
- for Child Well-Being: Chi Square = 165.706, df = 5, $p < .001$.

These results indicate that *IFPS interventions are capable of improving family functioning across all the measured domains, albeit incrementally, and these improvements in family functioning are statistically associated with placement prevention*. These are important findings to IFPS providers, administrators, policy executives and the legislature, not only in North Carolina, but also throughout the country. They are important because the “prevention” of these placements is linked to measurable changes in family skills, strengths, circumstances, support, interaction patterns and a variety of other factors that comprise “family functioning.”

It should be noted that these statistical relationships are obtained even though the number of children who are placed out of home at the end of IFPS service is very small, and placement decisions may be influenced by a variety of factors *outside the control of IFPS programs*. Both of these factors tend to mitigate the strength of the statistical relationships, yet they remain strong.

It is noteworthy that most families, regardless of their intake ratings across all five domains, improve only incrementally on two or three domains. Indeed, families may remain in the “problem” ranges on one or more domains, even after IFPS. It should not be surprising that families do not change on all domains, because families are not likely to have service plans that focus on all domains.

Retrospective Study of Effectiveness of IFPS

Session Law 1999-237 required the Department of Health and Human Services, Division of Social Services, to develop a revised evaluation model for current and expanded IFPS Programs. The evaluation was to be scientifically rigorous, including the use of treatment control groups, to include a review and description of interventions provided to families as compared to customary services provided to other child welfare families and children, and to collect data regarding the number and type of referrals made for other human services and the utilization of those services. In light of the session law, the Division deemed it appropriate to conduct a study.

The original retrospective study was funded during SFY 2000 and a comprehensive report was produced, titled: *A Retrospective Evaluation of North Carolina's Intensive Family Preservation Services Program* available at <http://ssw.unc.edu/jif/publications/reports.html>. As noted previously in this report, SFY 2001 was marked by an expansion of IFPS programs as well as changes in the Policies and Procedures to ensure that IFPS services are delivered to the highest risk families. In light of the encouraging findings from the original retrospective study, the state also expanded its evaluation activities to include an on-going retrospective evaluation of North Carolina's families. SFY 2002 marks the second year of this on-going retrospective evaluation.

The research model continues to employ a retrospective examination of the population of families that did and did not receive IFPS. This approach continues to be preferable to other designs because it avoids the problems of using prospective, randomized assignment to experimental and control groups; a problem experienced by other researchers that has likely contributed to their inability to detect the treatment effects of IFPS.

The retrospective design requires the merger of data from several statewide information systems for DSS referred families. These data sources include the IFPS-specific information

residing in the IFPS MIS, the CPS risk assessment information residing in the North Carolina Child Abuse and Neglect System (NCCANS) database, and the child placement information residing in the Automated Foster Care and Adoption Reporting System (AFCARS) database. The study population in SFY 2002 includes all families receiving their first IFPS intervention between July 1, 1994 and March 31, 2001. The comparison population includes all other families in North Carolina *in counties offering IFPS services* with a child who experienced their first substantiated report after July 1, 1993 and before March 31, 2001. The comparison families had not received IFPS services. The end of the tracking period is limited to March 31, 2001 because this is latest date for which the necessary one-year placement data is available in the timeframe necessary to conduct this study. *Only families rated as “high” on the standardized CPS risk assessment are retained for the study.* The study sample includes 846 high risk families that received IFPS, and the comparison group includes 25,722 high risk families in IFPS counties that did not receive IFPS services.

For families receiving IFPS services, the substantiated report closest in time, and before referral to IFPS, is selected as the report linked to the family IFPS intervention. For comparison families with more than one substantiated report in the study period, the substantiated report linked to the family is selected randomly in proportion to the substantiated report number that is linked to the IFPS intervention for IFPS families. The outcome measure of interest, “time to placement”, is computed from the date of referral to IFPS for IFPS families, and from the date the substantiated report was made for the comparison families. Further, any variable presented based on the “prior” occurrence of an event is calculated from the same reference date as “time to placement”.

Generally speaking, the retrospective study and the on-going retrospective evaluation conducted during SFY 2001 revealed that IFPS outperformed traditional child welfare services when the comparison groups included the high-risk families that IFPS is intended to impact. In fact, the more risk factors present in any comparison (e.g., high-risk families that had experienced previous out-of-home placements and also had two or more prior substantiated reports) the more effective was IFPS when compared to traditional services. In each case when risk factors were controlled, IFPS resulted in lower initial placement rates and delayed placement patterns following service completion. Conversely, when risk factors were not controlled during the analyses, IFPS did not always outperform traditional services. The placement rates and patterns evident in the survival curves used to analyze the data suggest that secondary interventions or additional services should be offered at 3 to 5 months post-IFPS in those cases that concluded without a placement being made. The results of the study strongly supported the continued use and expansion of IFPS with respect to high-risk families.

The on-going retrospective evaluation completed during SFY 2002 revealed significantly improved treatment outcomes for families receiving IFPS and that IFPS programs served an even larger proportion of high risk cases (as measured by reports, prior substantiated reports, prior high risk substantiated reports, and prior placement authority spells) than had been the case in the original retrospective study and the on-going evaluation in SFY 2001.

The data suggest that disproportionately more serious types of families are being referred for IFPS services. Specifically, IFPS families are more than twice as likely to have experienced one or more prior substantiated reports (42.4% to 18.5%, chi-square=300.231, df=1, $p<.001$), and IFPS families are almost three times more likely to have experienced one or more prior high risk substantiated reports (16.4% to 6.3%, chi-square=137.424, df=1, $p<.001$). Further, IFPS families

are statistically significantly more likely to have experienced one or more prior spells under placement authority (7.8% to 1.8%, chi-square=146.504, df=1, $p<.001$). The fact that IFPS providers serve the highest risk cases in counties that offer the service makes it that much more compelling that positive treatment outcomes are observed for IFPS families. The analyses that follow will demonstrate the positive treatment effects of IFPS as well as demonstrate that when risk factors are controlled for, the IFPS treatment effect becomes even more dramatic.

Event history analysis, or survival analysis, is employed to assess differences in placement patterns for families in this study. This analytic technique is desirable because it is able to account for the dynamic nature of time. Rather than calculating the difference in placement rates at the end of a one-year follow-up period, survival analysis computes the relative risk of placement over time. This technique allows for changes in the rate of placement to be observed over time. The following series of survival curves display the positive treatment effect of IFPS on both the prevention and the delaying of placements following cases of substantiated maltreatment.

Figures 14 through 19 display curves depicting the probability of placement (determined by performing $1 - \text{survival rate}$). Each figure displays the proportion of children being placed out-of home within one year from the date the family was referred to IFPS for families receiving IFPS, or within one year from the date of the substantiated report for families in the comparison group. The *higher* the curve goes during the measurement period, the *worse* the placement outcomes for the population represented in the curve. Thus, “up” is undesirable.

Figure 14 shows that the families receiving IFPS have significantly lower placement rates than non-IFPS families, and that these reduced placement rates hold through 365 days (Wilcoxon=6.790, df=1, $p<.05$). This figure displays the dramatic reduction in placement rates

for families receiving IFPS for the first 6 months. Although the placement rates between the two groups becomes more similar approaching the one year mark, only 25.7% of IFPS families experience a placement by one year, compared to 27.3% of non-IFPS families. In previous years analyses, the placement rates for IFPS and non-IFPS families were the same at one year. This figure demonstrates the increasing effectiveness of IFPS at reducing or delaying the out-of-home placement of an imminent risk child probably associated with policy changes directing priorities to some of the highest-risk families.

Figure 14. Risk of Placement After CPS Report/Referral to IFPS

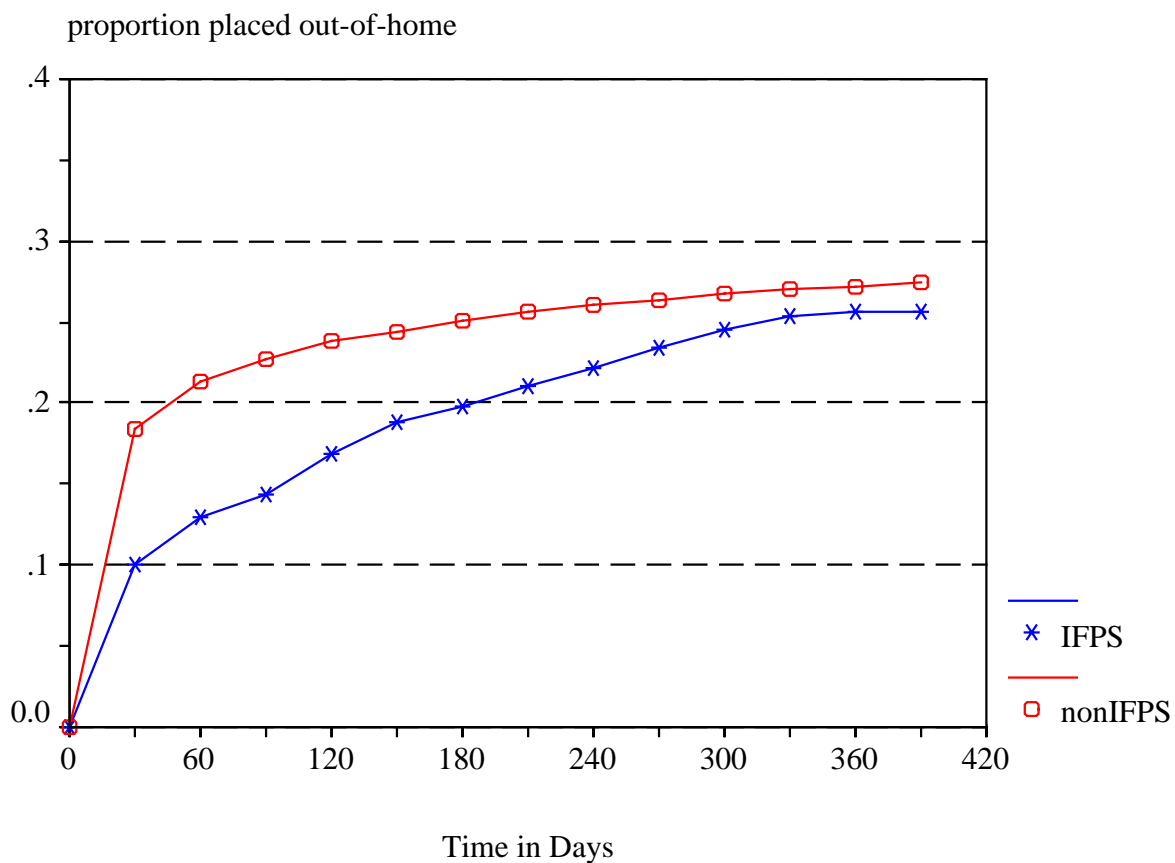


Figure 15 displays the survival curves for IFPS and non-IFPS families that have had one or more prior spells under placement authority. Placement authority refers to when children are in the custody of DSS. When prior placement authority is controlled in the analysis, IFPS statistically significantly reduces the rate at which children enter out-of-home placements (Wilcoxon=14.519, df=1, $p<.001$). At 365 days, only 21% of IFPS families have experienced a placement compared to 44% of non-IFPS families.

Figure 15. Risk of Placement After CPS Report/Referral to
for Children with 1+ Prior PA

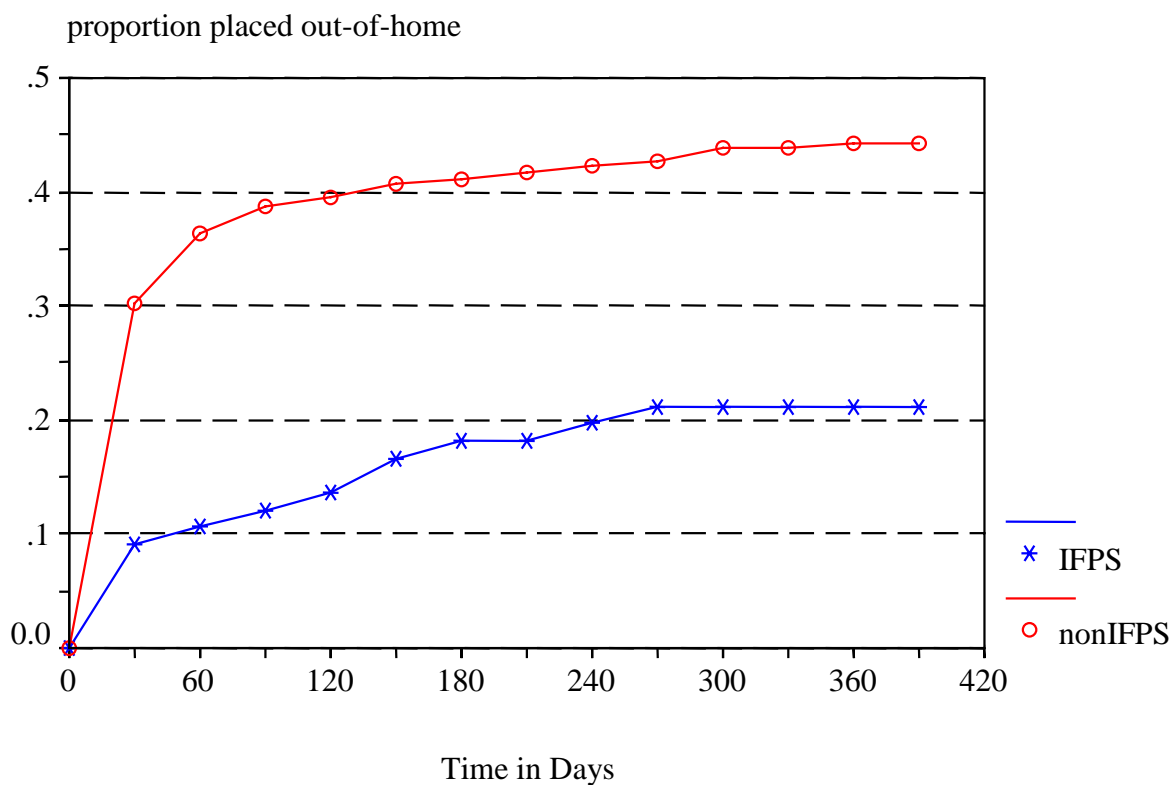


Figure 16 displays the survival curves for IFPS and non-IFPS families that have had one or more prior substantiated reports. When prior substantiated reports are controlled in the

analysis, IFPS statistically significantly reduces the rate at which children enter out-of-home placements (Wilcoxon=22.963, df=1, $p<.001$). At 365 days, only about 28% of IFPS families have experienced a placement compared to about 38% of non-IFPS families. It can be seen from the curve that the observed treatment effect of IFPS is greatest until about 180 days, at which time it essentially parallels traditional child welfare service programs but maintaining about a 10% lower placement rate throughout the remainder of the 365 day measurement period.

Figure 16. Risk of Placement After CPS Report/Referral to IFPS
for Children with 1+ Prior Substantiations

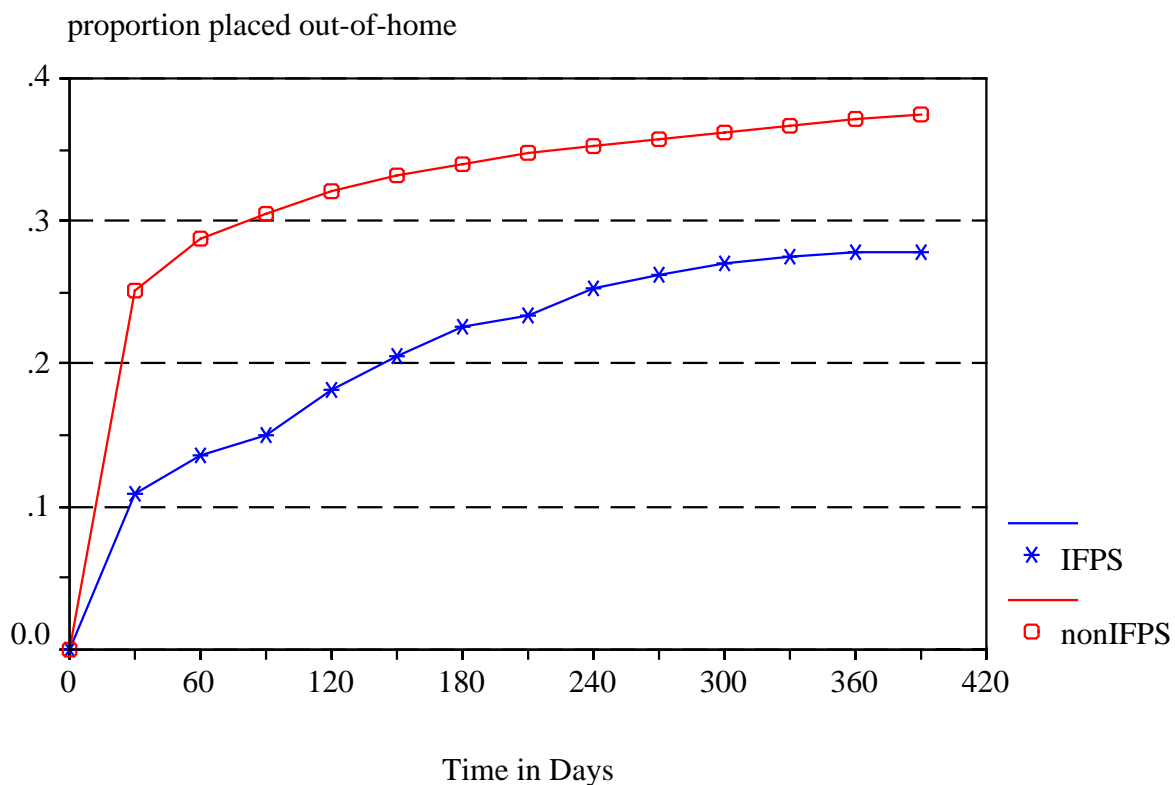
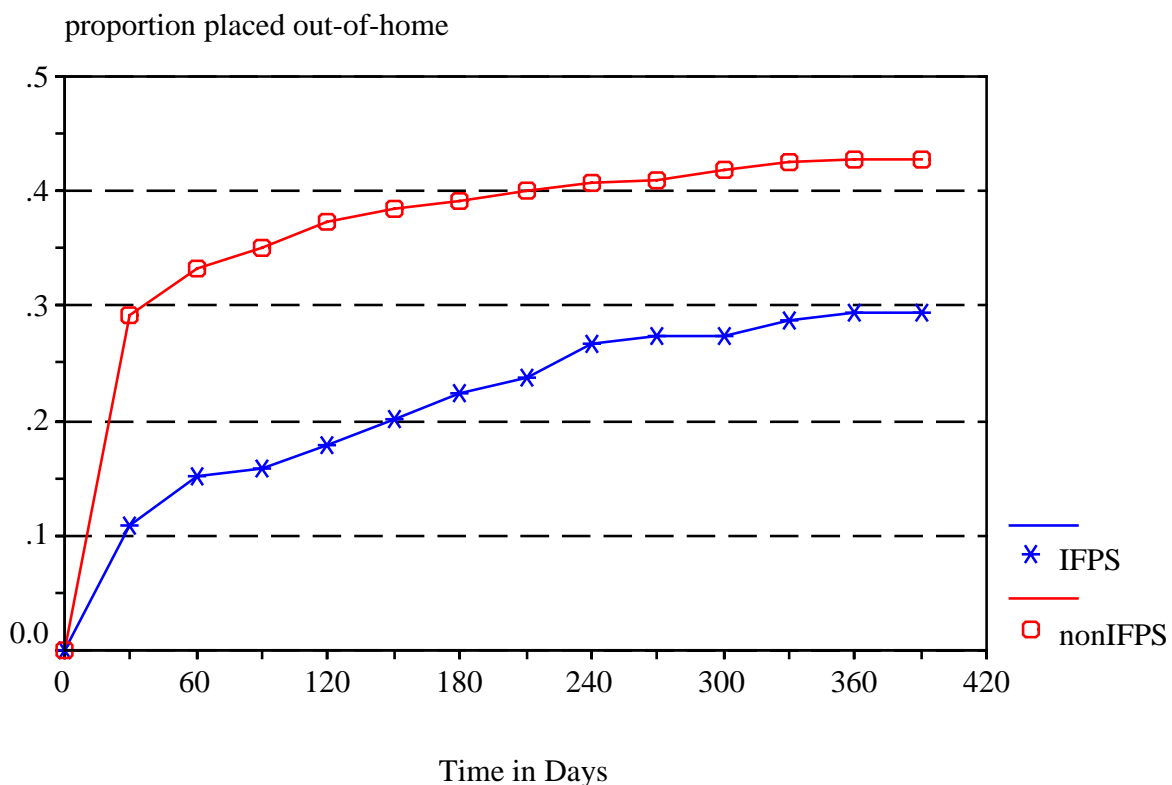


Figure 17 displays the survival curves for IFPS and non-IFPS families that have had one or more prior high-risk substantiated reports. When prior high-risk substantiated reports is

controlled in the analysis, IFPS statistically significantly reduces the rate at which children enter out-of-home placements (Wilcoxon=16.155, df=1, $p<.001$). At 365 days, only about 29% of IFPS families have experienced a placement compared to about 43% of non-IFPS families. This picture displays a very similar pattern to that in Figure 16 in that the observed treatment effect of IFPS is greatest until about 240 days. After this point, the curves are essentially parallel, with IFPS outperforming non-IFPS services by about 14%.

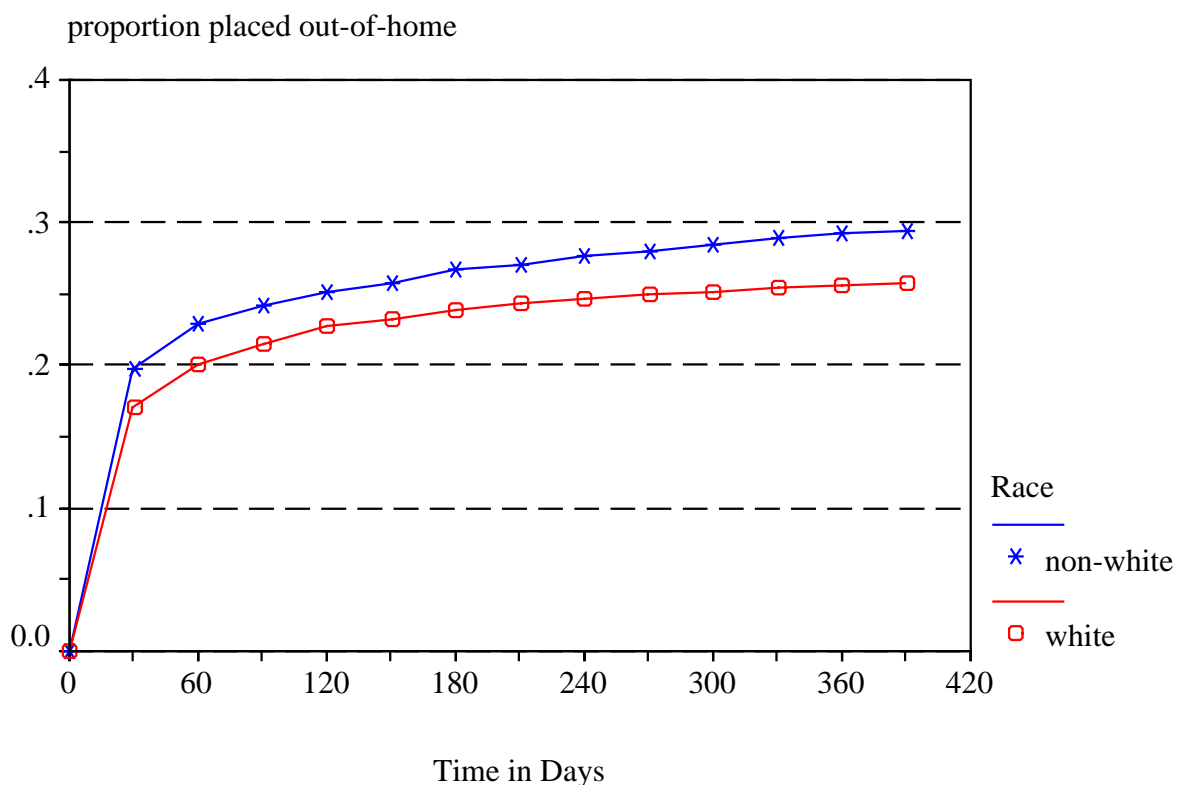
Figure 17. Risk of Placement After CPS Report/Referral to IFPS
for Children with 1+ Prior Hi Risk Substantiations



These curves demonstrate that when the risk factors are accounted for in both the treatment and comparison groups, IFPS statistically significantly outperforms traditional child

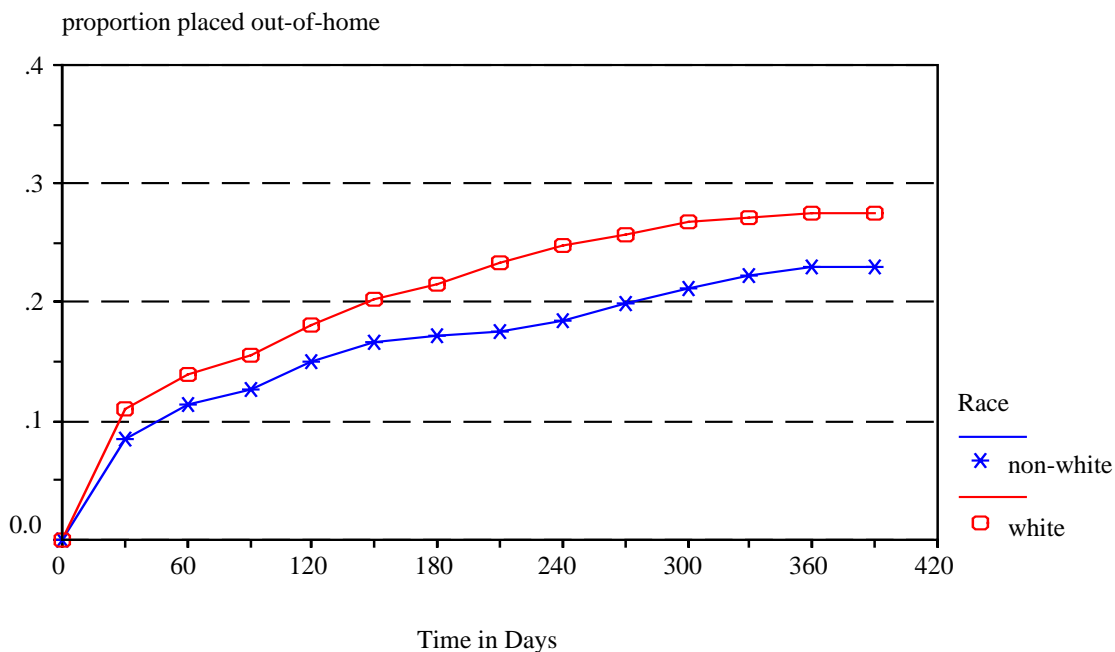
welfare services in every case by reducing the number of placements and/or delaying placements at 365 days. Further, these treatment effects are even larger at 180 days. It is important to note that some of the positive treatment effects produced by IFPS interventions diminish in the closing days of the one-year measurement period used in this study. The shapes of these curves suggest that a mandatory “booster shot” of services, or at least the offer of services at three months or five months post-IFPS would make services available at critical junctures in family development after the receipt of intensive home-based services.

Figure 18. Risk of Placement After CPS Report/Referral to IFPS
for Children Receiving Traditional CW Services by Race



Figures 18 and 19 present a special survival analysis aimed at examining the effectiveness of IFPS at mitigating racial differences in the placement patterns of high risk children. Figure 18 shows that among families receiving traditional child welfare services, non-white children have a higher risk of placement than white children (29% to 26% at 365 days). This difference is statistically significant (Wilcoxon=37.139, df=1, $p<.001$). Figure 19, however, displays a very different racial picture for families receiving IFPS services. Non-white children who receive IFPS services appear to be less likely to be placed than white children who receive IFPS services (23% to 27% at 365 days). Although, this difference was not statistically significant (Wilcoxon=2.570, df=1, $p=.11$). The results indicate that IFPS may be instrumental in mitigating the racial disparity that exists in the rest of the child welfare population that received traditional services.

Figure 19. Risk of Placement After CPS Report/Referral to IFPS
for Children Receiving IFPS Services by Race



Client Tracking, Long Term Outcomes, and Family Well-Being

At the close of IFPS services, the primary caretaker of each family is asked to participate in a follow-up study. They are asked if they are willing to be contacted at one year intervals for three years to find out how the family is getting along. Those that agree are entered into the IFPS family tracking database, and a survey form is mailed to their last known address. They are asked to complete the survey and return it in a prepaid, confidential mailer. The caretakers are asked about a number of things, including the living arrangements of the imminent risk children; the academic performance, health, mental health, and behavioral histories of the child since the last contact; and the families well-being and use of services since the last contact.

At the end of SFY 2002, data from this year's client tracking activities were pooled with those from the previous 4 years. Of the 3,078 families that concluded IFPS services between July 1, 1997 and June 30, 2001, 66% (2,027) agreed to be contacted for a one-year follow-up. The current sample includes 529 imminent-risk children from 353 families out of a potential population of 2,027 families, or 17% of the families that agreed to be contacted. While this sample is large enough to provide statistically reliable information, it may be biased towards families with stable housing (a number of families that agreed to be interviewed could not be located after a year).

The caretakers that were interviewed provided the following information:

- 77% of families (representing 82% of imminent-risk children) remained "intact" one year after IFPS, with 72% of imminent risk children living at home, and 10% living with a relative or family friend;
- 70% of caretakers were "happy" with their children's living arrangements;
- 14% of the imminent risk children (among the 82% listed as "intact") had lived out of the home for some period during the preceding year, but were "at home" at the time that the interview was conducted;

- 79% of children had no involvement with the police or courts during the preceding year, although 7% had experienced an arrest;
- 89% of children were in “good to very good” general health, although one fifth (21%) were reported to have moderate emotional/mental health difficulties, and an additional one fifth (19%) were reported to have “poor to very poor” emotional/mental health during the previous year;
- 51% of children had used mental health services during the previous year, and half of these (54%) found the services to be “helpful to very helpful;”
- 41% of children had received services from departments of social services, and the majority of these (60%) described the services as “helpful to very helpful;”
- 26% of children had used “other services” available in the community with the majority (66%) finding these other services to be “helpful to very helpful;” and,
- 73% of caretakers interviewed still reported IFPS as having been “helpful to very helpful,” one year after services.

These long-term client tracking data indicate that the large majority of families (77%) remain intact one year following IFPS, but 14% of imminent risk children from these families had experienced an apparently brief period during which the child(ren) did not live at home. Most school-age children were in school, receiving passing grades or better, and staying out of trouble with the law. Some families still struggle with emotional/mental health issues, but families are using mental health or other services and finding them helpful. Only a small number of children (between 4% and 10% in each case) had experienced legal difficulties, been arrested, placed on probation or put under court supervision.

These findings imply that the effects of IFPS have some durability. A major emphasis during service is the development of skills needed to resolve future crises, or the acquisition of knowledge about how to access services to help during a crisis. Recall that the tracking data revealed that a combined 80% of children had experienced “moderate to severe emotional/mental health difficulties” but only one fifth of families (23%) were found not to be “intact” at the one-

year anniversary of service. One year prior to that, 100% of these families were experiencing a crisis sufficient to require outside intervention.

Although the emotional/mental health/behavioral factors normally associated with IFPS interventions seem to have been reasonably well addressed and sustained during the year following IFPS, about two fifths (38%) of families still did not have financial resources sufficient to meet their basic needs. One fifth (18%) of families received TANF funds, and 35% received food stamps. Slightly more than one quarter (28%) described themselves as “poor to very poor”, nearly one quarter (22%) received SSI; and nearly half (48%) received Medicaid.

These findings indicate that substantial numbers of IFPS families continue to experience serious financial stress following services, and these stressors are likely to precipitate future crises for families. For example, while housing was not described as a major stressor by most families, some families were experiencing major housing problems (e.g., being evicted, living in extreme poverty); about 8% described their housing as “less than adequate.” These kinds of stressors are not the type that can be addressed by IFPS over the long term, and speak to the need for other parts of the human services system to respond (e.g., TANF, subsidized housing, etc.).

Generally speaking, however, families that received services from IFPS providers report that they are coping quite well, particularly when compared to their circumstances at the time that those services began.

Cost-Effectiveness, Cost/Benefit Analysis

The following analysis is based upon true costs of operating the IFPS program during SFY 2002, and estimated placement costs provided by the Division of Social Services, the Division of Mental Health/Developmental Disabilities/Substance Abuse Services, and the Division of Youth Services.

During SFY 2002 there were 1,232 children identified as being at imminent risk of placement into DSS foster care, MH/DD/SAS facilities, or Juvenile Justice facilities. Table 12 presents a breakdown of the number of children at risk of placement, and the number of children actually placed in care or not living at home.

Table 12. Children At Risk of Out-Of-Home Placement at Intake.

Potential Placement Type	Number of Children At Risk of Out-Of-Home Placement	Number of Children Placed or Not Living At Home
DSS Foster Care	1,050	47
Juvenile Justice	78	6
Mental Health	97	6
Developmental Disabilities	0	0
Substance Abuse Services	1	0
Private Placement	6	5
Other	NA	6
Totals	1,232	70

For purposes of the analysis, MH/DD/SAS and Private Placements (which are almost always psychiatric placements) are combined to determine the potential costs and cost savings of the IFPS program. Table 13 presents those estimated potential costs and estimated actual costs of placements.

Table 13. Estimated Potential and Estimated Actual Costs of Placements for SFY 2002

Estimated Potential Placement Costs				Estimated Actual Placement Costs		
Placement Type	# of Children At Risk	Placement Costs	Total	# of Children Placed	Placement Costs	Total
DSS FC ¹	1,050	\$ 4,410	\$4,630,500	47	\$ 4,410	\$207,270
MH/DD/SAS ²	104	21,433	2,229,032	11	21,433	235,763
Juvenile Justice ³	78	54,000	4,212,000	6	54,000	324,000
Column Total	1,232		\$11,071,532	64⁴		\$767,033

¹ DSS out of home placement costs were obtained from Division of Social Services, Children's Services Section.

² Mental Health/Developmental Disabilities/Substance Abuse placement costs were obtained from Division of MH/DD/SAS.

³ Juvenile Justice placement costs were obtained from the Department of Juvenile Justice and Delinquency Prevention.

⁴ This number is less than 70 because 6 children were homeless, "on runaway" or hospitalized for health.

Following are the cost-effectiveness and cost/benefit statistics for the IFPS program during SFY 2002:

- 1,232 children were at imminent risk of removal, at a total potential placement cost of \$11,071,532;
- 64 children were actually placed in various, known placements at an estimated cost of \$767,033;
- IFPS diverted an estimated maximum of \$10,304,499 from placement costs; a cost savings of 93.07%;
- if the cost of operating the IFPS program (\$3,683,403) is subtracted from the gross savings (\$10,304,499), a net savings of \$6,621,096 results;
- the cost/benefit ratio of IFPS for SFY 2001 is \$2.07; that is, for every \$1.00 spent providing IFPS, \$1.80 is not being spent on placement services for imminent risk children who would otherwise be assumed to be placed in out-of-home care;
- the cost of delivering IFPS in SFY 2002 was \$2,990 per imminent risk child, and \$5,598 per family;
- had all 1,232 children been placed as originally indicated, the placement cost per imminent risk child would have been \$8,987, and the families would not have received any services as part of these expenditures.

Table 14 presents a way of analyzing the costs and cost savings of IFPS that addresses the "fiscal break-even point" of operating the program. This is a useful analysis because some program critics contend that not all children who are identified as being at imminent risk would eventually go into placement, even if they did not receive IFPS. They contend that traditional

methods of presenting cost savings are misleading. Table 14 presents costs and cost savings at different levels of placement prevention, and demonstrates that the IFPS program is cost effective and results in a very high cost/benefit ratio.

The left-most column presents different levels of placement prevention; the other columns present the true costs of the program, the estimated placement costs avoided, and the net cost or cost saving of operating the IFPS program.

Table 14. Determining the Fiscal Break-Even Point of the IFPS Program: Cost and Cost-Savings Resulting from Different Levels of Child Placement Prevention

Placement Prevention Rates	Cost of Providing IFPS in SFY 2002	Placement Costs Avoided	Net Additional Cost or Cost Savings
100%	\$3,683,403	\$11,071,532	\$7,388,129 savings
SFY '02 @ 93.0720%	3,683,403	10,304,499	6,621,096 savings
90%	3,683,403	9,964,379	6,280,976 savings
80%	3,683,403	8,857,226	5,173,823 savings
70%	3,683,403	7,750,072	4,066,669 savings
60%	3,683,403	6,642,919	2,959,516 savings
50%	3,683,403	5,535,766	1,852,363 savings
40%	3,683,403	4,428,613	745,210 savings
33% (33.2962%)	3,683,403	3,683,403	0 break even point
30%	3,683,403	3,321,460	<361,943> add'l. cost
20%	3,683,403	2,214,306	<1,469,097> add'l. cost
10%	3,683,403	1,107,153	<2,576,250> add'l. cost
0%	3,683,403	0	<3,683,403> add'l. cost

This table is adapted from a method developed by the Center for the Study of Social Policy (CSSP, Working Paper FP-6, 1989).

The two shaded rows of data from Table 14 illustrate that the “fiscal break-even point” for IFPS occurs at about the 33% (33.2962%) placement prevention rate, whereas the IFPS program actually performed at a 93% placement prevention rate. This yields a range of 60% (between the 33% “break-even” point and the 93% “performance” rate) of children served within which program critics can argue about the cost effectiveness of the program and the cost/benefit produced. However, the data clearly demonstrate that the program is very cost effective.

Summary of Major Findings from the Outcome-Focused Evaluation of North Carolina's Intensive Family Preservation Services Program

- ◆ Intensive Family Preservation Services are able to improve family functioning in all areas measured by the NCFAS.
- ◆ Some areas of family functioning (e.g., Parental Capabilities, Family Interactions, Family Safety, Child Well-Being) are more amenable to change during a brief intervention than other areas (e.g., Environment).
- ◆ Family functioning scores on all domains, as measured on the NCFAS, are statistically significantly associated with placement and non-placement at the end of IFPS. This finding supports concurrent validity of the NCFAS.
- ◆ Overall, placement prevention rates have been very stable, ranging between 88% and 94% each year since SFY 1994.
- ◆ In addition to placement prevention, IFPS services are statistically significantly associated with reductions in the “level of care” needed among those children *who are placed* at the end of IFPS services.
- ◆ IFPS program cost analysis indicates that IFPS is a very cost-effective program. It also revealed a very favorable cost/benefit ratio.
- ◆ Long-term client tracking revealed durability of IFPS services one year after service, as measured by: living arrangements of families, service utilization by families and their apparent abilities to handle family stress, and caretakers attitudes about IFPS and other services.
- ◆ Long-term client tracking data also reveal continuing significant family stressors beyond the means of IFPS programs to impact over the long term. These include poverty, housing, and chronic emotional/mental health needs.
- ◆ The retrospective study bolsters the results of the traditional evaluation strategies employed in previous years by demonstrating the clear superiority of IFPS over traditional services when risk factors are controlled or accounted for in the analysis.
- ◆ Retrospective study survival curves indicate a predictable attrition phenomenon among IFPS families that occurs by 6 months after IFPS. This finding suggests that follow-up family contact and opportunity for additional services should be offered 3 to 5 months after IFPS.

APPENDIX A

Intensive Family Preservation Services Contact List for SFY 2001-2002

PROGRAMS	CONTACT PERSON	COUNTIES SERVED
Blue Ridge Mental Health 257 Biltmore Avenue Asheville, NC 28801	Janice Mead (828) 258-9603 Fax: (828) 285-9679	Buncombe
Buncombe County DSS PO Box 7408 Asheville, NC 28802	Becky Kessell (828) 250-5523 Fax: (828) 255-5260	Buncombe
Cabarrus County DSS PO Box 668 Concord, NC 28026	Cathy Rucker (704) 920-1523 Fax: (704) 788-8420	Cabarrus
Catawba County DSS PO Box 669 Newton, NC 28658	Charlotte Rorie (828) 695-5688 Fax: (828) 695-2497	Catawba
Centerpointe Mental Health 836 Oak St. Suite 100 Winston-Salem, NC 27101	Gerald Allen (336) 607-8601 Fax: (336) 607-8564	Davie, Forsyth, Stokes
Choanoke Area Development Assoc. PO Box 530 Rich Square, NC 27869	Joyce Scott (252) 537-9304 Fax: (252) 539-2048	Halifax, Northampton
Clay County DSS PO Box 147 Hayesville, NC 28904	Jack Mezera (828) 586-8958 Fax: (828) 586-0649	Clay
Cleveland County DSS 130 S. Post Road Drawer 9006 Shelby, NC 28152	Kim Reel (704) 487-0661 Ext. 260 Fax: (704) 484-1051	Cleveland
Cumberland Mental Health 711 Executive Pl. Fayetteville, NC 28645	Rodney Benn (910) 323-2311 Fax: (910) 323-9183	Cumberland
Exchange Club/SCAN 500 W. Northwest Blvd. Winston-Salem, NC 27105	George Bryan, Jr. (336) 748-9028 Fax: (336) 748-9030	Forsyth
Family Services of the Piedmont 315 E. Washington St. Greensboro, NC 27401	Chris Faulkner (336) 333-6910 Fax: (336) 333-6918	Guilford

PROGRAMS	CONTACT PERSON	COUNTIES SERVED
Foothills Mental Health PO Box 669 Marion, NC 28752	Jim Hamilton (828) 652-5444 Ext. 221 Fax: (828) 652-7257	Alexander, Burke, Caldwell, McDowell
Gaston County DSS 330 N. Marietta St. Gastonia, NC 28052	Penny Plyler (704) 862-7989 Fax: (704) 862-7885	Gaston
Home Remedies: Bringing It All Back Home 204 Avery Avenue Morganton, NC 28655	Brenda Caldwell (828) 433-7187 Fax: (828) 437-8329	Burke, Caldwell, Rutherford
Iredell County DSS PO Box 1146 Statesville, NC, 28687	Brenda Caldwell (828) 433-7187 Fax: (828) 437-8329	Iredell
Martin County Community Action PO Box 806 314 E Ray St Williamston, NC 27892-0806	Tina James (252) 792-7111 Fax: (252) 792-1248	Bertie, Camden, Chowan, Currituck, Gates, Hertford, Martin, Northampton, Pasquotank., Perquimans, Pitt
Methodist Home for Children PO Box 10917 Raleigh, NC 28779	Marci White (919) 828-0345 Fax: (919) 755-1833	Brunswick, Chatham, New Hanover, Pender, Pitt, Scotland, Wake, Wayne, Johnston, Robeson, Bertie, Camden, Chowan, Currituck, Gates, Hertford, Martin, Pasquotank, Perquimans
Mountain Youth Resources 20 Colonial Square Sylva, NC 28779	Jack Mezera (828) 586-8958 Fax: (828) 586-0649	Cherokee, Graham, Macon
Person County Family Connections 304 S. Morgan St. Room 111 Roxboro, NC 27573	Vickie Nelson (336) 597-1746 Fax: (336) 599-1609	Person
Piedmont Behavioral Healthcare 1305 S. Cannon Blvd. Kannapolis, NC 28083	Revella Nesbitt (704) 939-1151 Fax: (704) 939-1120	Cabarrus
Piedmont Behavioral Healthcare 1807 East Innes St. Salisbury, NC 28146	Esther Winters (704) 630-4673 Fax: (704) 437-5902	Rowan
Rainbow Center, Inc. PO Box 1194 N. Wilkesboro, NC 28659	Glenda Andrews (336) 667-3333 Fax: (336) 667-0212	Wilkes
Sandhills Mental Health PO Box 631 Rockingham, NC 28379	Patsy Swicegood (910) 895-2476 Fax: (910) 895-9896	Richmond

PROGRAMS	CONTACT PERSON	COUNTIES SERVED
Smoky Mountain Mental Health 1207 East Street Waynesville, NC 28786	Greta Metcalf (828) 586-4646 Fax: (828) 681-9280	Haywood, Jackson
Youth Focus, Inc. 301 East Washington Street Greensboro, NC 27401	Betsy Winston (336) 333-6853 Fax: (336) 333-6815	Guilford
Youth Homes, Inc. 500 E Morehead St. Suite 120 Charlotte, NC 28202	Valeria Iseah (704) 334-9955x56 Fax: (704) 375-7497	Mecklenburg

APPENDIX B

Steering Committee Members for SFY 2001-2002

NAME	ADDRESS	PHONE
Charles C. Harris, Chief NC Division of Social Services Children's Services Section	325 North Salisbury Street 2410 MSC, Raleigh, NC 27603	(919) 733-9467 Fax: (919) 715-0024
Sonya Toman NC Division of Social Services	325 North Salisbury Street 2410 MSC, Raleigh, NC 27603	(919) 733-2279 Fax: (919) 733-4756
Timothy Brooks NC Division of Social Services	325 North Salisbury Street 2410 MSC, Raleigh, NC 27603	(919) 733-2279 Fax: (919) 733-4756
Heather Thomas NC Division of Social Services	325 North Salisbury Street 2410 MSC, Raleigh, NC 27603	(919) 733-2279 Fax: (919) 733-4756
Catherine Joyner NC Division of Social Services	325 North Salisbury Street 2410 MSC, Raleigh, NC 27603	(919) 733-2279 Fax: (919) 733-4756
Bernadine Walden NC Division of Social Services	325 North Salisbury Street 2410 MSC, Raleigh, NC 27603	(919) 733-2279 Fax: (919) 733-4756
Rhoda Ammons NC Division of Social Services	325 North Salisbury Street 2410 MSC, Raleigh, NC 27603	(919) 733-2279 Fax: (919) 733-4756
Sue Bell NC Division of Social Services	325 North Salisbury Street 2410 MSC, Raleigh, NC 27603	(919) 733-2279 Fax: (919) 733-4756
Harvey Langston NC Division of Social Services	325 North Salisbury Street 2410 MSC, Raleigh, NC 27603	(919) 733-2279 Fax: (919) 733-4756
Ray Kirk, Ph.D UNC School of Social Work	301 Pittsboro Street, CB# 3550 Chapel Hill, NC 27599	(919) 962-6510 Fax: (919) 962-1486
Judy Julian NC Department of Juvenile Justice and Delinquency Prevention	Raleigh, NC 27699	(919) 733-3011 Fax: (919) 733-0780
Kathy Dudley NC Department of Juvenile Justice and Delinquency Prevention	Raleigh, NC 27699	(919) 733-3011 Fax: (919) 733-0780
Julie Hayes-Seibert NC Division of MH/DD/SAS	3509 Haworth Dr. Raleigh, NC 27699	(919) 571-4900 Fax (919) 733-8259
Beverly Hester NC Division of Women's and Children's Health	PO Box 27687 Raleigh, NC 27611-7687	(919) 715-3905 Fax: (919) 715-3187
Kim Mouzone NC Central Community Development	311 N. Tarboro St. Raleigh, NC 27610	(919) 516-5228 Fax: (919) 807-0038
Sally Sloop NC Partnership for Children	1100 Wake Forest Road, Suite 300 Raleigh, NC 27604	(919) 821-7999 Fax: (919) 821-8050
Chris Faulkner Family Services of the Piedmont	315 E. Washington St. Greensboro, NC 27401	(336) 387-6161 Fax: (336) 387-9167
April Duckworth Family Connections	304 S. Morgan St. Room 163 Roxboro, NC 27573	(336) 597-1746 Fax: (336) 598-0272
Carla Johnson Family Connections	304 S. Morgan St. Room 163 Roxboro, NC 27573	(336) 597-1746 Fax: (336) 598-0272

APPENDIX C

Program Allocations And Expenditures For SFY 2001-2002

	Allocation	Actual Expenditure
<u>Departments of Social Services</u>		
Buncombe County DSS	\$127,380	\$123,831
Cabarrus County DSS	\$62,193	\$53,465
Catawba County DSS	\$75,000	\$75,000
Clay County DSS	\$75,000	\$67,534
Cleveland County DSS	A	A
Gaston County DSS	\$155,822	\$126,389
Iredell County DSS	A	A
<u>Area Mental Health Programs</u>		
Blue Ridge Mental Health	\$32,582	\$70,517
Centerpointe Mental Health	\$43,443	\$43,443
<i>Centerpointe Mental Health</i>	B	B
Cumberland Mental Health	\$32,582	\$32,582
<i>Cumberland Mental Health</i>	\$251,000	\$244,450
Foothills Mental Health	\$39,822	\$39,822
Piedmont Behavioral Healthcare	C	\$121,000
<i>Piedmont Behavioral Healthcare</i>	\$67,963	\$59,529
Sandhills Mental Health	\$75,000	\$75,000
Smoky Mountain Mental Health	\$90,506	\$90,506
<u>Private Agencies</u>		
BIABH	\$429,490	\$398,959
<i>BIABH</i>	\$75,000	67,946
Choanoke Area Development Association	\$125,000	\$125,000
<i>Exchange Club/SCAN</i>	\$95,000	\$95,000
Family Connections	\$75,000	\$72,109
<i>Family Services of the Piedmont</i>	\$240,000	\$240,000
<i>Martin County Community Action</i>	\$150,000	\$122,212
<i>Methodist Home for Children – Johnston</i>	\$74,949	\$64,802
<i>Methodist Home for Children – Region 10</i>	\$237,554	\$181,384
<i>Methodist Home for Children – Robeson</i>	\$119,111	\$109,218
Methodist Home for Children	\$636,429	\$533,964
Mountain Youth Resources	\$150,000	\$122,212
<i>Rainbow Center</i>	\$55,000	\$54,301
<i>Youth Focus</i>	D	D
<i>Youth Homes</i>	\$279,646	\$273,228
TOTALS	\$3,870,472	\$3,683,403

Note: Expansion programs are listed in *italics*.

A: For Cleveland Co DSS and Iredell Co DSS, IFPS services are operated by BIABH and their allocation/actual expenditure is included under BIABH.

B: *Centerpointe Mental Health* expansion program is a subcontract of *Exchange Club/SCAN* and their allocation/actual expenditure is included under *Exchange Club/SCAN*.

C: Piedmont Behavioral Healthcare does not receive direct funding from DSS.

D: *Youth Focus* expansion program is a subcontract of *Family Services of the Piedmont* expansion program and their allocation/actual expenditure is included under *Family Services of the Piedmont*.